THE LANCET.

VOL. I.] LONDON, SATURDAY, OCTOBER 6, 1838. [1838-39.

COURSE OF

LECTURES ON THE BLOOD,

AND ON

THE CHANGES WHICH IT UNDERGOES DURING DISEASE,

Delivered at the College of France in 1837-8,

BY

M. MAGENDIE.

LECTURE II.

Emptiness of medical theories.—Necessity of determining the nature of phenomena.—Physical nature of phenomena called vital.—Union of solids, liquids, and gases necessary to life.—Effects of the movement of the blood; materials which furnish the blood.—Fluids more necessary than solids; illustrative example.—Reparative effect of respiration.—Action of bloodletting on the composition of the blood.—Change of the blood during epidemics.

GENTLEMEN;—Such of you as are acquainted with my former researches on the blood, will not be surprised at my devoting another course of lectures to that important subject. Your clinical studies in the hospitals, and more especially the events of your own practice, must have supplied you with abundant evidence of the emptiness of past and present medical theories. Nor can the important truth, I feel convinced, have escaped you, that in ultimate analysis the majority of questions bearing on the causes and mechanism of disease, are more or less closely connected with the study of the chemical, physical, and vital properties of the blood. These considerations appear to me to justify the novel character I propose to give my lectures this year. I will take care to exemplify the doctrines laid down by a series of experiments, and as these will be made in public, I shall have an opportunity of showing how investigations of the kind should be conducted.

I should observe, *in limine*, that a point of the very highest importance is to determine accurately the nature of the phenomena we wish to fathom. Physiology has, in this point of view, made some progress, and I shall, I trust, be pardoned for believing that to my labours that advancement is in some measure to be ascribed. My experiments have proved that various actions, habitually called the effects of *vitality*, are purely *physical*. The clear demonstration of this important fact horrified, in its day, not a few of the avowed partizans of the marvellous; but people grow accustomed to it now. As to you, Gentlemen, I flatter myself that the experiments performed in your presence have made a deep impression on your minds, and that they will exercise no mean influence on your entire medical career. I am far from classing you with those who scorn the voice of experiment and observation, and obstinately persist in regulating living nature by laws concocted in their own imaginations.

I do not deny that there is some talent shown in the production of the dreamy theories so much in vogue, and I know further that they are of a kind to acquire popularity and make the reputation, nay even ensure the fortune of those who profess them. I am, however, far from envying success of this stamp, especially when I observe, day by day, the fatal consequences of error whether brilliant or dull. It will therefore be our first care when we set about the study of any question, to demonstrate, not by fine phrases, but by proofs furnished by experiment, the character of the phenomena we propose to investigate. In cases where a *vital* action is the subject of inquiry, we shall in all likelihood have only a number of facts to lay before you, for in that branch of physiology generalisation is as yet impossible, and we are still confined to facts alone. I shall in no instance attempt to give you an hypothesis when the true explanation is beyond my grasp; I will candidly avow my ignorance rather than run the risk of leading you into error.

When we review the different orders of organised beings, not even excepting vegetables,—which, whether right or wrong, are considered as a sort of transition-kingdom, established by nature between inert and living matter—we discover that the indispensable condition, the *sine qua non*, of life consists in the union of solids, liquids, and gases. The combination of these three forms

of matter is found at both extremities of the scale of living existences. Gaseous matter is generally associated with liquids, and for the present we will set aside its study, to recur to it at length, I trust, at a future period. Among organic beings some are almost wholly composed of solids, others of fluids. In some instances both are intimately combined, in others they appear simply mixed, or only in contact. However, it is certain that the liquid prepares and forms the solid, and that it maintains in the latter such conditions as are necessary for existence. The mechanism employed by nature in effecting the movement of the fluids through even the most delicate parts of organised bodies calls for our unqualified admiration. That mechanism long furnished materials for the most absurd theories; and he who first caught a glimpse of the truth—the immortal Harvey—lived in consequence the remainder of his days a butt for the persecutions of the theorists of his time. It is now better understood, and I described it to you at length last session. The facts then laid before you showed the palpable error of the notions heretofore admitted on the subject. You learned, too, the importance of this movement of the liquids through the frame; you saw that if these stand still, various disorders directly follow in the various organs; the functions are no longer carried on, and life itself ceases. But why is it necessary that the blood—observe, Gentlemen, by the way, that the word *blood* is so vague as to be totally unfit to designate a fluid of such complexity—why is it necessary, I say, that the blood should be in a constant state of movement in living bodies? Nature, it is certain, does nothing without motives, and we find in every direction proofs of her inexhaustible resources, and profound wisdom. Listen, then, to the facts bearing on this question. The existence of certain relations between its constituent parts is necessary for the support of the blood's vitality; its disappearance, its reproduction, its transformation, are also requisite for the same end. Death or disease is the inevitable result of the absence of any one of these conditions, while their perfect association constitutes and maintains the state of health. If too much of the fluid escape from its reservoirs the play of the organs is impeded. If any periodical evacuation ceases, disorder similarly follows. But if the blood receive new materials in one way, while it loses the old proportionally by another, an equilibrium of composition and decomposition is established, constituting its normal state. At another time we will analyse its intimate properties; for the present I will simply state in a few words its mode of reproduction, and the nature of its action on the organs.

The chief source from which its materials are derived is the food, under which head I include drink. In these materials are found the three constituent principles of living beings,—liquids, solids, and gases. The nutritive and sensorial functions regulate the phenomena by which one is converted into the other. Fluids, however, seem to be more indispensable for its reproduction than solids, which explains the agonising character of the sensation of thirst. Men have succeeded in enduring total abstinence from solid food; but the torments of thirst—of the instinct that forces us to furnish the blood with its most necessary material—have invariably proved too great for human tolerance. A curious circumstance exemplifying this recently occurred in my wards at the Hôtel Dieu. A woman, who was either an impostor or a lunatic, gave out that she had received a mission from the Diety to reform mankind: she was to fast 365 hours, doubtless to render herself more worthy of the great work with which she had been entrusted. For several days she refused all nourishment, and I became anxious to ascertain how far she would carry her melancholy juggle, which was beginning to make some noise among the devotees of the metropolis. She was separated from the other patients and confined in a solitary room, and every precaution taken to prevent her obtaining food without our knowledge. However, as I had no wish that the poor creature should fall a victim to her obstinacy, some food, previously weighed with care, was placed at her disposal. The result was that during the whole time of her seclusion which lasted, I believe, eleven days, she resisted the calls of hunger; she did not touch a morsel of the solid food set before her. But she was unable to support the anguish induced by privation of water. She drank daily; and with a refinement of craft, made up the deficit in the bottles supplied her with her urine.

The necessity of drink for the reproduction of blood is thus established; let us inquire into the effects of abstinence from solid aliment. If we deprive an animal, either by degrees or suddenly, of its food, and examine its blood some time after, we find certain modifications produced in that fluid by the alteration of regimen. The proportion of its serum is increased; its coagulability lessened; at the same time the animal's strength rapidly decreases, purulent ophthalmia supervenes, and is followed by other affections dependant on the morbid condition of the blood. Hunger, then, it appears, is nothing more than the instinct that commands the animal under penalty of disease and death, to supply materials for the renewal of its blood.

Again, in respiration we have another important reparative process of the blood. The importance of any apparatus of organs may be estimated by the disorders following an interruption of its functions, and you are

aware of the distressing character of the sensation of suffocation. I need not for the present bring to your recollection the numerous causes of disorder in asphyxia; but as regards the effect, here is what takes place; the blood, meeting with some obstacle or other which materially interferes with its freedom of contact with the atmospheric gases, does not combine with them in sufficient quantity, and in proportion to the modification produced thereby, ceases to convey to the brain the normal degree of excitement. If this state continue, asphyxia, a state of apparent death, follows. I would ask, then, what is the sensation of suffocation unless the instinct that commands us not to remain an instant without bringing atmospheric air into contact with our blood, so as to furnish it with certain elements indispensable for the maintenance of its vitality?

You perceive by what I have just said on food, drink, and atmospheric air, that in the blood reside certain conditions absolutely requisite for the support of existence. Now these conditions are always more or less modified in the various affections of the economy, and it is hence of major importance that the practitioner thoroughly study them. None will, I imagine, contest these truths; but far from fearing their refutation I court any attempt of the kind. No opposition would ever succeed in preventing me from striving to fathom the indubitable fact, that *every notable departure from the healthy state of the blood manifests itself almost always by physical modifications of the organs.* And this fundamental position is so true that the simple inspection of the solids indicates in many cases the nature of the modifications undergone by the blood.

But, Gentlemen, I must step a little out of my way in these generalities, to mention a point of the very greatest consequence in practice. You are already acquainted with a great number of causes that modify the blood and induce disease; but you are scarcely, perhaps, prepared for the announcement, that by means of a therapeutical agent, holding the first rank amongst the fashionable remedies of the day, I produce the very same alterations in the blood, and, as their result, the very same disorders in the economy. This may, perhaps, strike you as a random assertion, but my words are not lightly spoken. I have within my reach the guarantee of their veracity; experiment shall confirm them. I assert, then, loudly, and fear not to affirm it, that BLOODLETTING induces, both in the blood itself, and in our tissues, certain modifications and pathological phenomena, which resemble to a certain extent those we have seen developed in animals deprived of atmospheric oxygen, of drink and of solid food. You shall have the material proof of the fact. Here are three glasses containing blood drawn from a dog on three different occasions, at intervals of two days. The animal was in good health, and I took care to supply him abundantly with nourishment. In the first glass you see that the serum and clot are in just proportion to each other. The latter, which is perfectly coagulated, forms about four-fifths of the entire mass. This specimen of blood consequently appears to possess the desirable qualities. Now turn your attention to the second glass. The animal was still well fed when its contents were drawn, and yet you perceive an evident increase in the quantity of serum; the clot forms at the most only two-thirds of the whole. But here, in the produce of the third venesection, although the animal's diet remained unchanged, we find a still greater difference. Not only is the proportion of serum more considerable, but its colour is changed. It has acquired a reddish-yellow tinge, owing to the commencing solution of the globular substance.

Do not suppose, however, that I would recommend the practice of bloodletting to be completely discarded. Far from this, I am persuaded that in a certain number of cases it may be useful; but between using and abusing there is a vast difference, too frequently, I am sorry to say, lost sight of. I will continue to bleed this animal from time to time; but I can tell you beforehand, from the result of similar experiments, that the alteration in the properties of its blood will entail that of its organs, and finally death. The lung, for example, will become affected with engorgement, œdema, pneumonia, and the entire train of what people are pleased to call inflammatory phenomena; and mark the extraordinary fact, that this inflammation will have been produced by the very agent which is daily used to combat it.

But to pursue this subject, let us consider *variola*, for no matter what speciality there be in its phenomena, to the present subject it really belongs. For my part, I do not believe that disease is ever developed without some modification or other existing in the blood, and I will give you a proof of this. I have at present a woman under my care in mild small-pox; I had two or three ounces of blood taken from her, and here they are. You perceive that this blood does not in the least resemble that of the patient I spoke of to you in my last lecture, who died so suddenly of the form of the disease called *variola nigra*. In the present instance, there is a tolerably consistent clot, whence I infer that the patient's life is not in danger; I will take care, however, to let you know the event. Still, Gentlemen, I must beg you to observe that when I plunge a piece of reddened litmus paper into the serum, it is immediately turned blue. This shows the serum to be very strongly alkaline, more so I think than in

the normal state. Now we have often had occasion to observe, that an excess of alkalinity in the blood interferes notably with the freedom of its passage through the capillary vessels. When thus modified it penetrates their walls by imbibition, is extravasated into the surrounding tissues, and, among other effects, produces in the mucous membranes the disorders long known under the name of inflammation.

Here is some blood taken from another patient. You remark its saffron tint; the yellow colouring matter of the serum, which by the way, has been well analysed and described by M. Chevreul, is in excess. In the peculiar modification of this specimen you may recognise the condition that produces jaundice.

You have another example of the influence of modified blood on the organs in œdema of the lungs. You are aware that I can, by injecting a certain quantity of carbonate of soda into the veins of an animal, produce that affection, with its pathognomonic signs at the outset, and its cadaveric lesions, when it causes death. When the blood becomes surcharged with an alkaline principle its serous matter increases in quantity, escapes from its vessels among the lobular ramifications of the lung, distends, bursts them, and carrying with it the coagulable part in a semi-liquid state, collects into irregular masses. Pathologists, who are always ready to show their sagacity in comparisons, compare the blood in this state to currant jelly (*gelée de groseille.*) The semi-liquid clots I have described, to which this fantastic term is applied, are almost invariably formed of fibrinate of soda or potassa. Now, on comparing these disorders caused by spontaneous excess of alkalinity in the blood, with those we ourselves produce by injecting carbonate of soda into the veins, or by a frequent repetition of bloodletting, we find the same symptoms, and in every respect similar results. Nevertheless, according to the theorists of the day, bleeding is an almost infallible remedy, a sort of panacea, in such affections. You will allow, Gentlemen, on the contrary, that in such cases venesection is had recourse to without our knowing very well why; for unless we set up for out-and-out homœopathists, it is scarcely reasonable to employ as a remedy an agent which would itself cause the disease.

It is well for you to know, Gentlemen, that I do not, as is the ordinary habit of clinical professors, pick out the subjects who form the subject of my observations. I am in this respect guided by chance alone. In cases when the nature of the complaint under which any of my patients labour is doubtful, I prescribe a small *trial bleeding*. The blood drawn is received into small glass vessels; these are brought here at the hour of lecture, and in the majority of cases my first examination of their contents will take place in your presence. Here, then, is some blood taken from a woman with an enormous enlargement of the spleen. She has for several years been subject to violent attacks of intermittent fever, which it has been found impossible to check. It appears to me to be in a morbid state; the serum, which usually forms one-fifth, here constitutes more than one-half of the whole. That this woman's fever is in some way or other connected with the great proportional quantity of serum in her blood, does not admit of a moment's doubt.

Facts of this kind are perhaps at present difficult for you to comprehend; but when we shall have advanced further in our study of the fluid under consideration, and become acquainted with the vast number of its constituent parts, each of which has its special properties, or, if I may so speak, *functions*, you will readily understand how it may be modified in numerous ways that at present escape you.

These considerations are not applicable to the human species alone. The nutritive liquid has invariably struck me as having undergone a morbid change in animals attacked by epizooties. I am a member of a committee of inquiry appointed by government to investigate a disease that yearly robs the state of several thousand horses,—I allude to acute glanders, an affection characterised by an abundant sanious discharge from the nostrils. It is currently believed to be contagious, and in consequence the moment an animal is declared glandered it is consigned to the slaughter-house. My opinion is not yet made up on this important question. We are told that the blood of glandered animals does not coagulate; and yet, as you may see here, the blood of the horse is very rich in fibrine. Eight days ago I injected some of this blood into a healthy animal. So far no anormal phenomenon has followed the operation. I shall not omit to let you know the result of the experiment, as it seems to me calculated to throw some light on the question of contagion.

Besides the external causes that act on the blood we must admit the nervous influence. Several diseases of the pulmonary organs, such as angina pectoris, and certain forms of asthma, appear to me connected with disordered innervation; for it appears from experiment that the section of the nervus vagus, though it does not interrupt the act of respiration, seriously affects the capillary circulation, or that indispensable association of the air and blood of which we have spoken. I divided this nerve in an animal; pulmonary œdema followed, and it died. Compare this specimen of its blood with that of a woman who also died of œdema of the lungs; the analogy is so strong that you can detect no appreciable

difference between them. In the first instance we know its cause, in the second we do not; but the material lesion is the same in both.

If, Gentlemen, the facts we collect and the experiments we perform, go to confirm my conjecture, that every modification of the blood is represented by one or more organic changes, it will become necessary without delay to revise the existing medical doctrines, and establish a new therapeutical code. Time will show.

THE

SECOND ANNIVERSARY MEETING

OF THE

BRITISH MEDICAL ASSOCIATION;

Held Sept. 28, 1838.

THE second Anniversary of the above Association was held at the Bridge House Hotel, Southwark, on Friday, the 28th ult. The members met for business shortly after 3 o'clock. Dr. WEBSTER, the President, took the Chair.

The CHAIRMAN congratulated the meeting on the success which had attended the Association from the earliest period of its formation, but especially during the past year. It appeared to him that societies were much more precocious than the human species. This Association, though only two years old, might be said to have arrived at manhood. It was of great importance to any society to have reached its second anniversary; the last had been a very busy year, and he trusted that some good had been done to the commonwealth of medicine. (*Applause.*) The next would be a still busier year, for they were not of the do-less, but of the do-more school. (*Laughter and cheers.*) He trusted that past exertions would be taken as a pledge of future efforts. They were now fairly before the world, and two parties were closely watching their operations; the eyes of their friends were upon them, and their expectations were high as to the beneficial result of their labours; the eyes of their enemies were upon them watching for their failure. But he had no fear whatever as to the result. He would not enter into detail regarding the operations of the Association during the past year; they would be found embodied in the Report of the Council.

The CHAIRMAN then announced the result of the Ballot for the Council during the ensuing year.

C. R. HARRISSON, Esq., honorary secretary, read the Report. It commenced with the language of sincere congratulation. If doubts even existed in the minds of any rational thinker as to the necessity and utility of this Society, those doubts must have been dispelled by the success which had already crowned its efforts. Whether its steady numerical increase were viewed, its successful exertions in the cause of the profession and of suffering humanity connected with the Poor-Law question, the steps which it had taken, and was about to take, to promote the great object of medical reform, the numerous other matters which had been brought under its notice, and the appeals made to it by individuals, by associations, and by medical bodies, from all parts of the country, all tended to show that it had acquired a moral strength which could scarcely have been anticipated by its most sanguine friends at its formation. Since the last anniversary the members had been steadily increasing, 68 gentlemen having joined the Association in the course of the year. A majority of those gentlemen had voluntarily come forward in the different counties of England to lend their aid in raising the standard of national medical reform, in regenerating the profession, in rescuing it from its political trammels, and from its present degraded position. In several places prospects had opened of County Branch Associations being formed. One had already been instituted at Stroud, in Gloucestershire, over which Dr. Wilmot very ably presided. It had presented two petitions to Parliament, one against the Poor-Law system, and the other on the subject of empiricism. Several interesting extracts from the Report of this Branch Association were then given. An active correspondence had been carried on by the Parent Society throughout the united kingdom on a variety of subjects. In most cases the first communications were made *to* the Council, not *by* it, showing the confidence placed in it. In many instances appeals had been made for the advice and opinion of the Council, in others for its protection. A communication had been opened with the practitioners of Plymouth on the subject of a National Faculty of Medicine. A friendly correspondence had taken place with the Leeds Medical Society on the subject of quackery, a National Faculty of Medicine, and on life assurance fees. An interesting intercourse was kept up with the Glasgow Medical Association, which already numbered upwards of 80 members. In order to strengthen the bonds of unity between the Associations it was proposed to elect their President a corresponding member, with a seat at the Council, and their Secretary an ordinary corresponding member of the Association. About the same period a communication was opened with the Association by Dr. Maunsell, who had lately been in London as a deputy from the Royal College of Sur-

geons in Ireland. In that communication he (Dr. M.) said that it appeared to him that the objects of the College with regard to medical reform, were, in many respects, identical with those sought by the British Medical Association. The Report then entered into several details regarding the course pursued by the Council on the Poor-Law question, but as we have lately published their Report on that subject we omit any further notice of it. Medical reform was the next topic adverted to in the Report. At the last anniversary a petition to Parliament was adopted and numerously signed, praying for a national measure of medical reform and the establishment of a Tripartite Faculty of Medicine; or, in other words, of one National Faculty, with a branch in each capital of the united kingdom. It was proposed that this faculty should be based upon a true representative system; that it should include every legally qualified practitioner in the three kingdoms; that they should at stated periods be able to elect a certain number of representatives who should form a Council or Senate, to be entrusted with full powers to regulate and determine all matters concerning the education and government of the profession. The Report then referred to the interview which a deputation from the Council had had with Lord John Russell, the particulars of which were published in THE LANCET of the 16th of June last. Encouraged by the result of the interview with his Lordship and expecting soon to have the medical evidence on the Scotch and Irish Colleges and Universities in their hands, the Council intended immediately to turn their serious and deliberate attention to the details of a National Faculty of Medicine. When they had matured such a plan of medical government as might appear to be necessary, they would submit it to the profession and the public, and invite free discussion and the opinion of their medical brethren thereon. In the mean time the Council respectfully invited suggestions and active co-operation on this great question. Some time since a Committee of the Council was appointed to consider the almost innumerable evils of empiricism, and to devise remedies for their suppression. Circumstances had prevented a report being yet made; an effectual cure, however, could not be expected until the whole profession was properly regulated and rightfully governed. In order to give increased interest to the proceedings of the anniversary meetings the Council had deemed it proper to institute an annual oration to be delivered by a member of the Association on some subject to be chosen by the Council, connected with the politics or science of medicine. The subject fixed upon for this year, as most appropriate to the approaching labours of the Association, was that of medical reform. Dr. Granville had consented to undertake the duty of orator on the present occasion. The Council had hitherto been so fully occupied with subjects which required their more immediate consideration, that the benevolent fund had not received that attention which the cause of charity ought ever to claim. Many applications for aid had lately been made to the Council, and the subject was now recommended to general notice. Though no direct application had been made to the wealthier members of the profession, in several instances voluntary contributions had been given, and among others the Council had great pleasure in announcing that Sir Astley Cooper, with his characteristic generosity, had forwarded a donation of £10 through the President. A Benevolent Committee had been appointed to investigate all cases which presented themselves, so that real objects of charity might be distinguished from the undeserving. The idea of forming a general and medical life assurance society had occurred to the Council as a plan of effecting union, and of otherwise benefitting the profession, but it was thought better to abandon the scheme till a more favourable opportunity. The Abolition of Imprisonment for Debt Bill being incidentally of considerable importance to the medical profession, the subject had been brought before the Council. The intended provisions of the Bill would have rendered the recovery of debts of medical men from certain classes of their patients very difficult, if not impossible. By the advice of the law Lords a petition had been presented to the House, and the obnoxious clauses were altered before the Bill finally passed. Attention had been paid to the Copyright Bill while it was before Parliament, but the measure was, for the present, withdrawn. In conclusion, the Report strenuously recommended union, energy, and exertion, in the great cause of medical reform.

Dr. ROWE, of Chigwell, in rising to propose the first resolution, regretted, exceedingly, that that duty had not devolved upon a more influential member of the Association than himself. He trusted, however, that what he failed in influence he should compensate by sincerity. He had heard, with great pleasure, the admirable Report which the Council had just presented. He would not advert to every topic introduced into it, because that would occupy too much time; but having witnessed the excellent arrangements made by the Poor-Law Committee, and having seen the beneficial results which had occurred from their exertions, he felt that he should be guilty of an act of injustice if he did not express his warmest approbation of their conduct. Much, however, yet remained to be effected on that important subject. He congratulated the meeting upon the flattering prospects of the Association. He was proud to see it occupying so

important a position. He was sure that when its objects were more extensively known, medical men throughout the empire would become convinced of the absolute necessity of such an institution, jealously to watch over their interests. (*Cheers.*) He had much pleasure in moving—

"That the Report of the Council be received and adopted."

Mr. LEESON briefly seconded the resolution, which was put and agreed to.

Mr. HOWELL said, that it was his duty to give some account of the financial condition of the Association. They were not in debt, on the contrary, they had a small balance in hand. He thought that a matter of gratulation, inasmuch as all societies had to meet on their commencement many incidental expenses. He hoped that after the splendid example set by Sir Astley Cooper—(*cheers*)—those members of the profession who had it in their power to subscribe to the benevolent fund, would do so liberally.

Dr. MARSHALL HALL rose to move—

"That Sir Astley Paston Cooper be elected a Honorary Member of this Association."

He considered that Sir Astley Cooper had the best head and the best heart of any member of the profession. (*Cheers.*) Sir Astley Cooper had also set them a bright example in the progress he had made through life by the mere exertion of talent and of industry. When he was a young man he did the most, and now that he was an old man he worked the hardest, in promoting the interests of the profession. (*Cheers.*) Let it be remembered that Sir Astley was the first gentleman proposed as a honorary member of the Association.

Mr. HOWELL considered it a distinguished honour to have the privilege of seconding the resolution. Looking back to his pupilage, he could not but remember the kindness which he had experienced from Sir Astley Cooper in common with every pupil coming under his notice. During his (Mr. H's) professional career, it had fallen to his lot to witness the exertions of many medical men, and he had, therefore, had an opportunity of judging of their sincerity, and the conclusion to which he had arrived, was similar to that which Dr. Marshall Hall had stated as his own conviction. (*Cheers.*)

The CHAIRMAN, in submitting the resolution for adoption, bore testimony to the eminent service rendered to the profession by Sir Astley Cooper, by the evidence which he gave during the late Poor-Law investigation.

The resolution was then put, and carried by acclamation.

Mr. DAVIDSON moved,—

"That Professor Maunsell be elected a Corresponding Member of this Association."

He was well acquainted with Dr. Maunsell, and was sure that he would prove a useful member of the Association.

Mr. EALES briefly seconded the resolution.

The CHAIRMAN said that perhaps it would be interesting to state that he had had a considerable correspondence with Dr. Maunsell. He had received a letter from him yesterday upon the subject of medical reform. In that letter the Doctor stated that he was persuaded there was no difference between them, except that which was produced by a little misrepresentation. If by one faculty it were meant to centralise the profession in London, he (Dr. M.) should, as long as he continued an Irishman, thoroughly resist it—(*cheers*)—but if it were intended to form three centres, one in the capital of each kingdom, with an occasional parliament of delegates, it would meet with his warm and hearty concurrence. (*Applause.*)

The resolution was then put and agreed to.

Dr. GRANVILLE moved,—

"That the President and Secretary, for the time being, of the Glasgow Medical Association, be elected Corresponding Members of this Association, and that the President have the privilege of attending all meetings of the Council."

Mr. HERRING seconded the resolution, which was put and agreed to.

Dr. M'EWAN would read the next resolution without making any comment upon it. It was to the effect—

"That a Committee be appointed to arrange and consider the details of a National Faculty of Medicine, with a view to the introduction into Parliament of a Bill for Medical Reform and the Suppression of Quackery."

Mr. JAMES, in seconding the motion, said it was needless for him to enlarge upon it. Every gentleman must be satisfied of the great utility which must attend such a measure.

Mr. HOWELL took the liberty of rising upon that occasion because there might be some difference of opinion among the members of the Association on the subject of the resolution just now read. The nomination ought to be with the Council. He thought that it would be a violation of the laws of the Association for the members generally to nominate such a Committee. The Committee, when properly appointed, ought not to consist of four or even a dozen gentlemen, but it should be composed of the whole of the Council.

The CHAIRMAN assured Mr. Howell that he (Mr. H.) was wrong in his construction of the laws. This was not to be a Committee of the Council, but of the Association. The resolution gave the Committee power to add to their numbers. If it so happened that the gentlemen chosen were not on the Council, they could, if they pleased, add the

Council to the Committee. He thought that would obviate the difficulty felt by Mr. Howell.

The resolution having been put and carried,—

Mr. HOOPER rose and said that he thought the whole of the Council ought to be included in the Committee. It was one of the most important features of the whole Association,—it was, in fact, the Reform Bill of the profession. (*Hear, hear.*)

Dr. GRANT thought that the resolution ought to pass in its present indefinite shape, without even naming the Committee. There must arise for its consideration points of extreme delicacy.

Mr. BAINBRIDGE said that not being a member of the Council the duty had fallen upon him of moving,—

"That the thanks of the meeting be given to the President, Vice-Presidents, and other members of the Council, for their zealous and active exertions during the past year."

It was exceedingly gratifying to him to have the opportunity of proposing that resolution, aware, as he was, of the great exertions of the members of the Council during the past year, and of the eminent service which they had rendered to the Association, and to the profession at large.

Mr. LLOYD briefly seconded the resolution, which was put by Mr. Bainbridge, and carried by acclamation.

The CHAIRMAN briefly acknowledged the compliment.

Dr. GRANVILLE then delivered an able oration on behalf of medical reform. The topics discussed were the following:—What is there to reform? How far has reform hitherto proceeded? What yet remains to be done to accomplish total reform? It occupied an hour in delivery, and several parts were loudly cheered. At its conclusion,

Dr. MARSHALL HALL moved that the oration be adopted by the Association, and that it be placed in the hands of the Council, with full power to determine on the best mode of its publication. The resolution also included a vote of thanks to Dr. Granville.

The resolution having been seconded, was carried by acclamation.

Dr. GRANVILLE expressed his gratification at finding that the sentiments which he had expressed had met with the approbation of the Association.

THE DINNER.

The business having thus terminated, a considerable number of the members of the Association partook of an excellent dinner, at which Professor GRANT presided, being supported on the right by the President of the Association, Dr. Webster, and on the left by Dr. Granville.

The cloth having been removed, and the usual loyal toasts drank with enthusiasm, the CHAIRMAN proposed "The Army and Navy," which was drank with three times three.

The CHAIRMAN said that the last toast referred to the great bulwarks of the empire; he had now to propose a toast which had more especial reference to the profession. He could not conceive anything more gratifying to a man than to have it in his power to restore to health a hero on whose skill depended the fate of a campaign, or to restore to his country a patriot under whose fostering care she accomplished mighty achievements in science and in art. The medical officers of the Army and Navy constituted so large a portion of the medical profession, that he was sure the toast which he was about to propose would be considered one of paramount importance. He would therefore give "The Medical Officers of the Army and Navy." (*Cheers.*)

Mr. PARSONS briefly acknowledged the toast.

The CHAIRMAN next proposed, "The British Medical Association and its Branches." (*Cheers.*) This was the second anniversary of the Association. If they had cause for congratulation on the first anniversary, they had double cause for congratulation on the present occasion. The report of the Council read that day showed the increasing prosperity of the Association. The existence of the Association was now pretty well known to the profession at large; its influence had extended far and wide through the provinces of England, Ireland, and Scotland. The profession were perfectly aware of the existence of a large, influential, and respectable body of medical practitioners assembled in the metropolis of England to watch over, and thoroughly scrutinise everything which related to their interests. They had reason to congratulate themselves on the effect which had already been produced by it. What consolation it must have afforded to the minds of their brethren labouring in the remote provinces of the empire. (*Cheers.*) Those who had hitherto groaned under a load of grievances which they dared not to utter, now saw a guardian angel stretching over them the wing of its protection. (*Applause.*) Though he had not been that active and zealous member of the Council which he could have wished, yet he had had the pleasure of hearing communications from individuals and from bodies of practitioners, which convinced him of the important task which the Council had undertaken. There were practitioners engaged in one of the most enlightened and noble professions,—one which rendered the greatest benefit to mankind, labouring under circumstances the most adverse, under mental torture the most severe, who had ventured to disclose their peculiar position to the Council of the Asso-

ciation. The Council had had to weigh in the balance of their own reason, complaints which had poured into them from all quarters, and some of which showed to what a degree of excitement the parties had been raised by the conduct with which they had had to contend. (*Hear, hear.*) Those parties were unable themselves to remedy the evils of which they complained, but they looked to the Association as possessing influence sufficient to enable it to convey comfort into their retirement. (*Cheers.*) The Council had had another difficult task. They had received communications indicating powerful causes of dissatisfaction, but which appeared to be implied rather than expressed. He believed that the parties dared not fully state their grievances, lest by their obtaining access to the public prints, their oppressors should crush them. (*Hear, hear.*) The influence of the Association had been seen in the regulations established, and the movements made by the great corporate bodies. (*Applause.*) Who did not know that there had been complaints of abuses and corruptions pervading the profession in all its departments for a long time past, which, when they came isolated were unregarded by those powerful bodies. But now that an influential body of medical practitioners had met together for the purpose of judiciously, calmly, and reasonably pushing forward the great engine of medical reform, self-movements had begun to manifest themselves in those corporations. The task the Association had undertaken was one requiring herculean strength, as well as moral courage, and unsubduable perseverance. Bodies invested with royal charters would long defy associations which had not the same powerful protective shield to assist them in their operations. Let them, however, not be daunted by the difficulties attendant upon carrying reform into the interior of these bodies. The dropping of water on a stone made an indentation, not by its force, but by the repetition of its beats. (*Applause.*) No great operation would be effected by one single effort, upon which they bent all their force. Let them not resemble the tiger or the lion, which, if it failed in its spring of striking down its victim, skulked cowardly to its cave. They must keep in mind that repeated discomfitures ought only to increase their courage, ought in reality but to lead them to double their exertions. Dr. Grant then made some remarks on reforming the corporate bodies. The public press, to which they were so much indebted for its advocacy of reform, had shown them that in every corporation there were vast and extensive fields open for improvement. Such were the incongruities and inconsistencies in the present division of the medical profession,—one being called a doctor, another a surgeon, another a chemist, another a general practitioner, and so forth—names almost without end—that they scarcely knew what preliminary education a man had passed through, or what status a medical man occupied in civilised society. (*Hear, hear.*) It was quite obvious that the evil could be remedied by a uniformity of education. If after being thus educated a man found it to his advantage to pursue one particular department of the profession, by all means let him do so. But it was extremely inconvenient that there should be different curricula of education in different schools, and in different parts of the kingdom. For instance, if a young man studying on the other side of the Tweed, after he had committed the whole Pharmacopœia to memory, and had qualified himself for practice, thought it expedient to cross to this side of the border, to succeed a relative or a friend, he found himself a tyro in medical science,—neither the names nor the composition of the drugs,—the instruments he employed, were the same. Again, there were sub-divisions in the existing corporate bodies, which were extremely injurious. Previous to the existence of this Association the curricula for the degree of surgeon varied in each of the three kingdoms. Active steps, however, he understood, were now being taken by the respective colleges to establish uniformity of education. Thus the corporations had found it necessary to reform themselves before any external force compelled them to introduce changes to which they were inimical. Thus he thought the members of the Association had reason to congratulate themselves upon the influence which they had exerted, though they had only been in existence during so short a time. Their influence would unquestionably increase, as they advanced, until they were in a condition to exact reform, where self-reformation was refused. The necessity which gave rise to the Association was the existence of abuses in corporations which defied the power of a single individual to remedy, but which might be corrected by the influence of a large body of the profession. It was the object of all corporations, especially all self-elected juntas, to exclude, as far as possible, the masses from any union or co-operation in carrying on their affairs. (*Cheers.*) There were different degrees of abuses in the different corporations which required reform. One of the corporations most obviously in need of reformation was the College of Physicians in this great metropolis. When he looked at the constitution of the corresponding body in Scotland, he found no provision for restricting the fellowship to the graduates of the notoriously most inefficient medical schools in existence —Oxford and Cambridge. On the contrary, they freely admitted to the fellowship graduates of the Universities of Glasgow, St. Andrew's, Utrecht, Paris, and other British and foreign schools. On perusing the list of the College of Physicians at Edinburgh,

they would find that a large portion of the Fellows consisted of graduates of foreign universities, especially of Germany, and France. He thought that such was most liberal conduct on their part, compared with the proceedings of the College of Physicians in London. The most eminent men in the profession were necessarily excluded from the fellowship of the College,—the brightest luminaries that ever graced the profession could not demand an examination for the fellowship unless they had taken out their diplomas at Oxford or Cambridge. As the great body of medical practitioners in the metropolis had not graduated at those Universities, but at others where more extensive courses of education were given, they were necessarily excluded, unless by mere good will they gained admission. Here was an abuse degrading to the profession in the estimation of all sensible men. (*Cheers.*) The objects sought by the Association were such as every noble-minded man must approve of, and no arguments need be employed in attaining them, but those which were dictated by common reason—common sense. It had been said that that part of the New Poor-Law Act relative to the medical attendance on the sick poor, had been the accidental cause of the origin of this Association. He was, however, inclined to differ from the President (Dr. Webster) in the view which he took of this question. All men had a certain point to which they might be brought by oppression, before they began to quiver, and vibrate, and re-act; but when that point was arrived at, it was a necessary part of the constitution of human nature that reaction should take place. In his opinion, the abuses, the corruptions, and the irregularities introduced into all parts of the profession, had brought large bodies of professional men to the sticking pitch before the final blow was inflicted by the New Poor-Law Amendment Act, but when that blow was inflicted they felt that it was no longer right, or consistent with common sense, to sit passive beneath their grievances. So many valuable observations had been made in the course of the day, by the President at the former meeting, through the report of the Council, and by the eloquent oration delivered by Dr. Granville, that he would not longer occupy the attention of the company. He admired the calm, deliberate, and dignified deportment which had marked every stage of the proceedings of the Association. He well knew the engines which had been employed against it, the machinery which had been put in motion to try to crush it, or to damp its energies; but, notwithstanding the irritation to which it had been exposed, it had not had recourse to means similar to those employed against it; on the contrary, it had pursued that wise and favourable course which would safely lead it to the goal. (*Cheers.*) Before he sat down he might mention, as another cause of congratulation, that single-handed they had done a great deal in extending a knowledge of the abuses which existed in the profession; but corresponding bodies had now been organised in different parts of the kingdom, and seeing the necessity of co-operation, whenever a great undertaking was commenced, their professional brethren in the country had submitted the result of their deliberations to the inspection and judgment of this Board. He would now, then, propose "The British Medical Association and its Branches." The toast was drank with enthusiastic cheering.

The CHAIRMAN said, that the next toast he had to propose was "The Independent Medical Press." It was impossible in all organised bodies of this kind to convey the full force of the sentiments which they individually felt throughout the community unless they had the press in operation. The liberal principles which guided this Association had been such as to meet the approbation of some of the members of the liberal press, who had warmly taken up the subjects which had engaged their attention, and had diffused a knowledge of them to the remotest parts of the kingdom. But that was not all, they had advocated the questions, had supported them by a great variety of cogent arguments, and had thus aroused medical men in distant parts of the country to a sense of the wrongs under which the profession laboured. They had also been the means of publishing a variety of documents, which otherwise would not have seen the light. Whenever an impression was to be made upon a large body of men the independent press was the first engine employed. A free medical press was of equal importance to the profession. He had, therefore, great pleasure in proposing "The Independent Medical Press." (*Loud cheers.*)

The CHAIRMAN said, that the next toast was one which he gave with peculiar pleasure, and which he was sure would be received with equal delight by all the members of the Association. Those who had witnessed the career of the Association from its commencement must have seen that there had been one mind, which had regulated and almost governed the proceedings. Fortunately it was a mind richly stored with a knowledge of all the important subjects taken up by the Association. It was a beautiful feature in this Association, that they laboured not for themselves but for the profession at large. The members of the Association were those least likely to be benefitted by the result of their labours. They had seen one gentleman, however, notwithstanding his distance and his avocations, unceasing in his endeavours to inspire animation into their proceedings. Not a document had emanated from the Associa-

tion which had not been carefully scrutinised, or actually composed, by their learned President. He would, therefore, propose, "the President of the British Medical Association." (*Long continued cheers.*)

Dr. WEBSTER, on rising to return thanks, said, that if he did not feel overwhelmed by the cordial manner in which the last toast had been drank, he should not be endowed with the feelings of a man. He must confess that he felt great interest in the success of the Association, but what could he have done without the aid of the Council? Any ability which he had, or any knowledge of the affairs of the profession, in a political point of view, should be at the command of the Association. They might have a more talented President, but they could not have one who had the interest of the profession more at heart. The great object of the Association, and, indeed, he would give it as their watch-word, was, "The interests of the public." (*Loud applause.*) The interests of the public were so inseparably connected with the interests of the profession, that they must go together. (*Hear, hear.*) When they considered how many gentlemen were daily engaged in attending to the public health, they must at once perceive that medical reform was required in a most extraordinary degree. They had heard in the eloquent oration which had been delivered, that there were nineteen different medical corporations granting degrees, or licences, to practise, some of greater, some of lesser, and some of no value at all—(*laughter*)—some were opposed to others,—some required four years study, some five, and some two. Could it be supposed that they were living in a land of common sense? After two years of medical study a licence might be obtained at Apothecaries' Hall, and without any examination as to his surgical capabilities or surgical knowledge, the individual might be let loose to practise as an apothecary. In Ireland five years study was required, and in Edinburgh four years. It would appear that a different value was put upon human life in the three kingdoms. In Ireland, where it was most prolific, it seemed to be considered most valuable; but in England it was regarded as of no value at all. Were the public interests served by the quackery which no one corporation had removed, or endeavoured to put down, a grievance which affected not only the public health, but the medical profession? Were the public interests served by the mass of prescribing chemists and druggists which existed in this kingdom to an extent unparalleled in any country in the world? (*Loud cheers.*) He fully coincided in the sentiment advanced by their excellent Chairman, that the members of this Association derived no personal benefit from their labours. Did it not rather produce a contrary effect? Let them, however, be up and doing. He (Dr. Webster) saw no difficulty in a union of medical men to produce a National Faculty of Medicine that should regulate the whole course of education, the preliminary attainments, and the practice of the whole profession in Great Britain and Ireland. (*Cheers.*) The object in proposing that a Committee should be appointed with a view to bring a bill into Parliament was, that a certain number of individuals should take into consideration the wants of the profession; that they should arrange and consider the details of a National Faculty of Medicine; that having done so, they should submit their proposition through the medical press, and through circulars, to the whole profession; that they should invite discussion, and hear the different opinions; that having done so and reduced them, as far as possible, into shape, then their delegates should meet from all parts of the kingdom, to settle what? To settle a general measure of medical education to be submitted to Parliament. They had heard a great deal of the influence of medical corporations. Lord John Russell had intimated to them that all the powers of the corporations would be arrayed against them. What was the answer? That if the principle applied to general and municipal reform was carried out as it regarded the medical profession they would be satisfied. There ought to be but one Pharmacopœia, one course of medical education, and power should be given to put down quackery in all departments, even the quackery of the corporations, the regular quackery of collegiate dignitaries. A charge had been made against the Association, and repeated from time to time, that it did nothing for science; that nothing was talked of but abuses. He would put forward a bold challenge to those who made the charge; he would engage to produce out of the Association six members who had done as much or more for the science and practice of medicine as any six gentlemen belonging to any other society in London. It was ridiculous to assert that science and a desire for reform could not exist in the same person. Their worthy Chairman was a living instance to the contrary. (*Cheers.*) Who had more thoroughly devoted himself to science than Professor Grant? Who had been more forward in the cause of medical reform than Professor Grant? By reforming the profession they would promote the cause of science in an eminent degree; they would remove the trammels which the corporations had placed upon it. Who persecuted Harvey, the discoverer of the circulation of the blood?—The College of Physicians. Who persecuted Armstrong?—The College of Physicians. Who, persecuted Grainger and Bennett?—The Council of the College of Surgeons. Whom did the Apothecaries' Company prosecute—the quack? the chemist? By no means—the accom-

plished physician. (*Loud cheers.*) Another charge brought against the Association—hardly worth refuting, but they had nothing they wished to conceal—was, that they wished to put down all divisions or subdivisions in the profession, such as physicians, surgeons, &c. Such a thing had never entered into their heads in connection with any scheme of medical reform. There would always be consulting surgeons and consulting physicians; in other words, there would be consulting practitioners, but he wished to see no distinctions except those which depended on merit, science, skill, and attention. He was quite sure that no other distinctions ought to be regarded. The great object which they had in view was union, the cultivation of mutual respect, and the removal of all prejudices. His motto for the Association would be *unitas, societatis stabilitas.* (*Loud cheers.*)

Mr. HILLES, in proposing "The health of their respected Chairman," bore testimony to the anxiety which he had always manifested to promote the best interests of the profession.

The CHAIRMAN, on rising to acknowledge the compliment, was loudly cheered. He thought that it would have had a much greater effect on the profession at large if some one more prominent in practice than himself had taken the chair on that occasion. (*Cries of "no," and loud applause.*)

The CHAIRMAN, in proposing the next toast, said, that in obtaining the objects which the Association had in view, it would have great difficulties to encounter. There were such things as charters, and they conferred great powers. They could make no impression on these pieces of parchment; they were given under royal authority, and nothing but that authority could change them. All things, however, seemed to combine to push on the great cause of medical reform. There were united with them the most distinguished men in the kingdom, who would use their best energies to promote the cause of the Association. One of their greatest advocates had been Mr. Wakley, who commenced, single-handed, 13 years ago. It was a fact unique in English literature, that a weekly publication, without being subservient to some great institution, should have continued so long in exisience. He admired the consistency with which, for fifteen years, Mr. Wakley had advocated medical reform. In conclusion, he begged to propose "The health of Mr. Wakley, and other Parliamentary friends," among whom Mr. Warburton had taken a prominent part in all affairs connected with the profession. (*Loud and continued cheers.*)

The CHAIRMAN next proposed the health of Dr. Granville, "the orator of the day," which was drank with loud applause, and briefly acknowledged by Dr. Granville.

The CHAIRMAN then proposed "The Vice Presidents and Council of the British Medical Association." (*Loud cheers.*)

Dr. MARSHALL HALL said that it had, unexpectedly, devolved upon him to return thanks, and he did so heartily for the manner in which the toast had been received. It could not be denied that a part of the profession had been suffering under the most unjust oppression. Could it be denied that scenes had been enacted such as he had witnessed the other day? He saw a mere man place his foot upon the neck of a lion; the lion had lost the consciousness of being a lion; it had been treated harshly; it had been subdued in infancy. Had it been conscious of its strength, it would have revenged the insult. Such was the state of the medical profession. The iron heel of oppression had been placed on the neck of those who were unconscious of the strength which they possessed. Ought such a state of things to continue? The medical world was beset by poisonous weeds, and yet this Association had been condemned because it had planted amidst them a tree, the leaves and branches of which would heal their maladies. (*Cheers.*)

The CHAIRMAN then proposed "The Treasurer, the Auditors and the Trustees."

Mr. EVANS briefly returned thanks.

The CHAIRMAN'S next toast was—"The health of the Honorary Secretaries and the Honorary Solicitor," which was drank with loud applause, on the subsidence of which they respectively returned thanks.

The CHAIRMAN expressed a hope, that in retiring they would separate from each other with a determination to pursue the cause in which they were embarked. He sincerely hoped that as the objects which they sought were consistent with reason, justice, and common sense, they would follow them up with energy. He trusted that the Association was not destined for perpetual existence, but that the required reforms would be effected, and then the necessity for the existence of the Association would cease. Whether physicians, surgeons, or apothecaries, he hoped that they would not be engaged like the corporations, in abusing each other, but that they would be united in their one great object, the preservation of the best interests of the medical profession and of the public health. (*Cheers.*) He concluded by proposing "The health of the Stewards."

Mr. DAVIDSON briefly returned thanks, after which the Chairman retired, followed by a considerable part of the company.

The conviviality of the evening was materially contributed to by Messrs. J. Young, Morgan, Young and Hudson, who sang several glees and songs.

FASCINATION OF THE EYE.

To the Editor of THE LANCET.

"Et tamen ea quæ apud antiquiores aliquos posita sunt, auctoribus suis reddere."—CELSUS.

SIR.—Permit me to rescue from oblivion the wonderful discovery of a learned Doctor of the University of Paris, who, in a work published in the 16th century, printed in choice Latin, thus illustrates the effect of animal magnetism, then called *fascination*:—

"DE BUBONE.—First catch an owl (species not named), and take him while blinking in the sun; let two persons stand obliquely opposite to him, so as exactly to oppose his vision, one on the right, the other on the left; let both fascinators steadily and fixedly stare at him till they completely succeed in fascinating his visual powers; then let one gradually close his own eyes, while the other continues staring. The bird will be compelled simultaneously to shut the eye next to the gentleman who has gradually set him the example, while the eye opposite will remain open, in sympathy with those of the starer. At this interesting crisis, on which all depends, a third person standing behind the owl and prepared with a sharp instrument, must, on a signal given, guillotine the bird instantaneously. On examining the eyes after death, one will be found shut, the other open, both in *statu quo*. Send for a lapidary, and having removed both eyes, direct him to set them in two rings.

"N.B. The ring incasing the shut eye will at any time procure sleep for him who wears it while the drowsy God must inevitably desert the most lethargic patient on whose finger the Doctor has only to draw the ring containing the vigilant eye." After this, Sir, I shall be indignant if any of my contemporary brethren persist in assuming the laurels due to the illustrious Doctor who thus first rendered fascination, or magnetism, subservient to the noble art of healing, &c.

The work is at my house and the curious may peruse it by application to your obedient servant

G. F. COLLIER.

32, Spring Gardens,
Sept. 26, 1838.

ESSAYS IN SURGERY.

By J. M. COLEY, *Esq.*,
Senior Surgeon to the Bridgnorth and South Salop Infirmary.

No. II.

VESICO-VAGINAL FISTULA.

A FISTULOUS opening between the bladder and vagina is one of the most distressing infirmities to which females are liable; the constant involuntary escape of urine rendering them miserable to themselves, and offensive to all who approach them. It is generally occasioned by some injury connected with parturition, and may be either longitudinal, transverse, or oblique. The usual situation of the aperture is the neck or some other portion of the posterior surface of the bladder. In the former situation it admits of cure; in the latter, when beyond the termination of the ureters, it has hitherto been considered incurable. The difficulty of closing an opening through which the urine is constantly passing, deterred surgeons, until within the last ten or twelve years, from attempting other than a palliative treatment, consisting of ablution and a ball-pessary, the application of which may be understood by referring to a case related by Mr. Barnes, in one of the volumes of the "Medico-Chirurgical Transactions." For the same purpose sponge has been employed in a case, which resisted some attempts to effect a cure.* The fatal results † and repeated failures which have occurred in the practice of the best surgeons in their attempts to unite the edges of the aperture, were sufficient to discourage the inexperienced.

"It must be confessed," says the late Mr. Henry Earle, surgeon to St. Bartholomew's Hospital, "that under the most favourable circumstances, these cases present the greatest obstacles, and are certainly the most difficult that occur in surgery." "I have succeeded in perfectly restoring three such cases; in one of which I performed upwards of *thirty operations* before success crowned my efforts." ‡

Several other successful operations have been performed in these cases, but surgeons have not yet agreed on the most eligible mode of proceeding. The late Baron Dupuytren § extolled the actual cautery except in those instances in which there was much loss of substance; and some have succeeded in closing slight apertures with nitrate of silver; ‖ while others recommend the excision of the callous edges, and the application of some kind of suture. When the

* Transactions of the Provincial Medical and Surgical Association, Vol. 4, p. 542.
† Roux, Journ. Hebdom., 1829.
‡ Clinical lecture, Medical Gazette, November 14, 1829.
§ Journal Hebdom., No. 58.
‖ LANCET, No. 610, p. 485.

accident happens from laceration, without loss of substance, it may occasionally be cured by a catheter retained in the urethra, with a bladder attached to its lower end, provided the treatment is commenced soon after delivery. By this contrivance Mr. Gaitskell effected a cure in a few weeks.*

In obstinate cases division of the whole urethra has been proposed, but I am not aware that so severe an operation has ever been practised.

The cure of the disease by ligature was first contemplated by Mr. Preston,† and the operation has been performed successfully by Mr. Leeke, Mr. Gosset, and three times by the late Mr. H. Earle. Two cures are also recorded in the second volume of the "Dublin Medical Journal," and one by Mr. Hobart, of Cork, in the "London Medical and Physical Journal" for 1825.

The difficulty of accomplishing a cure, even by ligature, has been found extreme by some of our best operators. Mr. Leeke made three attempts, and Mr. Earle thirty, in one case, before they could succeed; and Mr. Liston seems almost to despair of success on account of the mucous secretion and frequent motions to which the parts are subjected.‡ After several unsuccessful attempts with the actual cautery and ligature, Dieffenbach, of Berlin, at length effected a cure by means of hooks, with which, by the aid of a speculum, he drew down the fistulous orifice, and having pared the edges, inserted seven sutures with curved needles. His second attempt by means of this proceeding entirely succeeded.§

The usual mode of operating in this country is to place the patient on her back, as for lithotomy. A female catheter being introduced into the urethra, and the vagina dilated, the opening in the bladder is brought into view by means of hooks, and the callous edges having been pared, the ligatures are applied. Instead of a catheter, Mr. Earle dilated the urethra, and introduced the finger, which supersedes the necessity of employing the hooks. The ligatures are generally applied by means of small curved needles, conducted by a *port-aguille*. Mr. Gosset made use of silver wire gilt, instead of thread. A catheter is then passed into the bladder, and the patient laid in bed with her face downwards.

The frequent disappointments with which Mr. Earle, who seems to have had the most experience, had to contend, satisfy me that his apparatus, as well as the quilled suture described by Mr. Beaumont,‖ are too complicated for practical purposes.

As it is needless to revert to the caustic remedies which have been tried, and which can only be available in very small and narrow fistulæ, I will proceed to describe an operation, with which I succeeded on the first attempt. It is free from the objections connected with Mr. Earle's plan, inasmuch as it requires no previous dilatation of the urethra, and it admits of excision of the callous edges in the most favourable direction, *i. e.* upwards upon the instrument in the urinary passage; only one operation, if properly executed, is necessary; and I believe that the patient may be allowed to lie either on the side or back, instead of the abdomen, as insisted upon by all, who have written on the subject.

Case.—1835, July 8. A married woman, ætat. 40, had been labouring under vesico-vaginal fistula during four months. The urine was constantly passing through an opening between the bladder and vagina, three-fourths of an inch long, nearly transverse, and situated just beyond the neck of the bladder.

The patient being placed on a high table, in the same position as for lithotomy, I introduced into the bladder a wood-sound, one-third of an inch in diameter, and the vagina being expanded laterally by assistants, the fistulous opening was brought into view by means of the sound, which, being depressed at its farther extremity, readily brought downwards and forwards the bladder and urethra. I then, with a scalpel, cut down upon the sound, through the vesico-vaginal structure, on each side the fissure, and without loss of time passed two ligatures, by means of a small curved needle, fixed in a suitable direction, in a pair of forceps of a peculiar construction, the handles of which were fastened with a sliding ring. As soon as the needles were carried through the opening, from side to side, they were extracted by an assistant, with a pair of pocket forceps; and the divided parts being accurately brought into contact, I tied the ligatures with the fingers alone, without any delay or difficulty. The sound was now withdrawn, and a silver catheter introduced, when we had the satisfaction of seeing the urine flow through it, while none escaped by the vagina. The patient was next placed in bed, on the side opposite that towards which the opening inclined, the catheter remaining in the urinary passage. A bladder was at first attached to this instrument, but being found inconvenient the latter was secured by a T bandage, and the urine permitted to escape on a blanket. In the course of the night the catheter slipped from the passage, and was not replaced till the next morning. The patient, also, tired of the position in which she was left, became restless, and moved about in all directions. Notwithstanding these adverse circumstances, the urine passed only through the natural channel.

* Blundell's Lectures, Lancet, No. 222, p. 334.
† Blundell's Lectures, loco citato.
‡ Lancet, No. 630, p. 107.
§ Lancet, No. 678, p. 758.
‖ Medical Gazette, Vol. 19, p. 335.

When I visited the patient on the fourth day, I found the catheter had again escaped from the urethra, and had not been replaced during the last two nights. Having laid her on the table in the same position as before, and having expanded the vagina, and introduced the female catheter into the urethra, I depressed the bladder, and divided the ligatures with a probe-pointed bistoury, and a director bent towards the point. The threads were then removed with a pair of common forceps; and, from the view we could obtain, the union appeared to be complete. In order, however, to be satisfied respecting the cure, I left the catheter in the bladder during a quarter of an hour, having previously secured the lower opening with a plug. At the end of this time the plug was removed, and I had the pleasure of seeing the urine flow in a stream, while the vagina remained quite free from that fluid. In order to promote the retentive power of the bladder, I desired that the catheter might remain in the passage, and that the plug may be removed at stated intervals. The woman was also allowed to sit up, walk, or lie down, as she might feel disposed.

On the eighth day I examined the cicatrix again, and found by passing the catheter in the urethra and the finger in the vagina, that no vestige of the fistula remained. As the woman had been very impatient, and had retained the instrument only occasionally in the passage, I desired that it might be discontinued.

On the sixteenth day she rode to Bridgnorth, a distance of seven miles from her residence. At that period she had so far regained the power of retaining the urine, that she could pass three ounces at a time. It now and then escaped involuntarily, particularly during the night; and she did not recover the retentive faculty of the bladder until the end of five months after the operation.

I was assisted in the operation by the late Mr. W. Proud, surgeon in this town, who kindly interested himself afterwards in watching the progress of the cure.

Two important facts were observed during the recovery of this patient; one, that it was unnecessary to confine her to bed with the face downwards; and the other, that the uninterrupted retention of the catheter during the union of the incisions was also not essential to the cure, after the first twelve hours.

The subjoined plate represents the forceps with the moveable ring, by means of which the needle may be retained at any angle with the greatest firmness, until the surgeon wishes to liberate it, which he can do by moving the ring towards the joint. The length of the instrument is eight inches and a half.

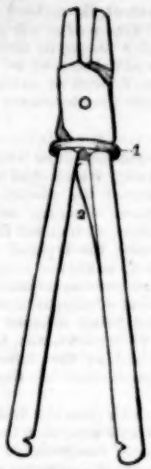

Fig. 1. The moveable ring.
Fig. 2. A spring to keep the blades open.

EPIDEMIC TYPHUS FEVER,
COMPLICATED WITH ERYSIPELAS,
IN THE COUNTY OF ANTRIM.

By J. Johnston Kelso, *M.D., Lisburn.*

"Ireland," as is justly observed by a well-informed recent writer (Dr. M'Cormac) "is the grand mart of fever;" and, from the operation of a concurrence of local and temporary causes, whether terrestrial or atmospheric, it not unfrequently assumes an epidemic character in that country; but as almost each epidemic presents some peculiar features, either in its phenomena, causation, or the laws by which it is characterised, perhaps a brief account of the leading characters of the present one may not appear as a work of supererogation, or wholly uninteresting to the numerous medical readers of The Lancet.

It was early in the autumn of last year (1837) that epidemic fever may be correctly said to have first appeared in Lisburn and the adjoining country, to several miles around. The walls of our rather spacious Fever Hospital, so far as accommodation in the shape of bedsteads, bedding, &c., could be afforded, were soon comparatively crowded with the then augmenting number of cases of the disease; and as well on account of limiting its extension, as to meet contingent emergencies, a Board of Health was at this time, *pro forma*, established. And here, parenthetically, I may be permitted to remark, that fever prevailed also, at the same time,

to an unusual extent, throughout a considerable portion of this part of the province of Ulster, numbering among its numerous victims several medical men of my acquaintance, whose loss I, with an extended circle of their respective friends, cannot but deeply lament.

It was, however, towards the end of the autumnal, or beginning of the winter season, that the epidemic, which had previously generally presented the simple continued character, without evincing any evident local complication, or unusual fatality, assumed all at once the typhoid type, with marked affection, in almost every case, of the gastro-enteric mucous membrane, and an increased amount of comparative mortality. The disease, on being ushered in with the usual pyrexial phenomena, was, for the most part, characterised by the following condition and *complication* of those phenomena :—

The pulse, which from the first was generally expanded and soft, soon became accelerated and easily compressible under the finger. In number it commonly varied from about 90 to 120 in the minute. The respiration, which usually counted from about thirty to thirty-five, was generally imperfect and laborious. The respired air was frequently charged, sometimes to an unusually great extent, with aqueous vapour, and felt oftentimes cold to the sensation of the hand. Cough, of a more or less teasing character, accompanied generally with some degree of pain of chest in the effort, was now by no means uncommon. The cheeks were either pallid, or slightly flushed, the flushings occasionally alternating with pallor, either in one cheek only, or in both at the same time; and the eyes were either suffused, or morbidly brilliant, preternaturally prominent, or sunk back in their sockets. The skin, which not unfrequently appeared contracted, and bound down to the subcutaneous tissues, was always hot, or burning, although, perhaps, the patient felt chilled, or was shivering, at the same time. Occasionally the trunk of the body and superior extremities were bedewed over with a rather copious, cold, clammy moisture, while the rest of the integuments felt warm, or burning, and dry. The tongue, whose edges and tip presented generally a dirty red aspect, not unlike that of half decomposed flesh, was invariably coated over either with a brownish-dark, or a black fur; the mouth and lips being parched and dry. The thirst was variable, being sometimes but slight, but more generally excessive; and there occasionally existed, even from the first, a distressing irritability of stomach, which it was sometimes found impossible, by any means, entirely to allay. The bowels were sometimes constipated, but more generally relaxed, while the motions, which were sometimes bilious, were of various degrees of consistence, and frequently emitted a mawkish, disagreeable odour. Pain, of a more or less acute character, was very generally found to exist in some part of the abdominal region, but more especially about the epigastrium and umbilicus. Some degree of meteorism, too, not unfrequently announced itself during this stage. The urine, in addition to those appearances which it usually presents in cases of fever, was found to be occasionally albuminous. Headach, of greater or less intensity; some, though rarely excessive, confusion of the ideas, with generally restless, unrefreshing nights, constituted the remainder of the more prominent phenomena of this stage, to which I need here advert. Perhaps it should have been previously mentioned, that in those cases where blood was abstracted from the general system, it always presented a dark, molasses-like appearance and consistence, coagulated slowly and but imperfectly, and in one or two instances which fell under my observation, it evolved a disagreeable, sickening odour.

As the disease progressed, the muscular debility and general prostration of the vital powers became more manifest. The pulse became quicker, weaker, and tremulous; and in those cases which were to terminate fatally, it was frequently intermittent and irregular. Free perspirations, either general or local, and of a more or less disagreeable odour, now very generally set in. Indeed, in some cases, the extreme and abominable fœtor of these perspired fluids was found, on raising the bedclothes, to be absolutely insupportable. The bronchitis of the earlier stages now not unfrequently lapsed into pneumonia, thus constituting but too often a fatal complication of the disease. Diarrhœa, to a greater or less extent, accompanied generally with extreme tympanitic distention, and, in almost every instance, with acute pain of the entire abdomen on pressure, were the common and certainly very formidable phenomena of this, its more advanced stage. Generally speaking, sudamina, or typhus spots, were rarely developed; but sloughs, occasionally of frightful dimensions and depth, frequently formed in the more dependent and compressed parts of the body. The countenance, at this period, appeared generally languid and anxious, and the patient usually succumbed to the disease in a period of time varying from about ten to twenty days; and, what is rather remarkable, generally in the full possession of his intellects.

But it was in March that *erysipelas* announced itself as an important, though rarely, if ever, a fatal *complication* of the epidemic. The erysipelatous inflammation was almost invariably confined to the head and face, occasioning generally an enormous distention of, and a sense of constriction in, the impli-

cated parts. Ushered in, as this affection always was, by a considerable augmentation of the febrile phenomena, it usually ran its course in a period of from five to seven days; occasionally, however, persisting till the termination of the fever, either in recovery or death. Headach and delirium, both of which were occasionally intense and violent, constituted, for the most part, the more prominent of the phenomena which accompanied the appearance and progress of this superadded affection. It certainly appeared to be in some degree contagious, from the circumstance of its rapidly spreading among the patients in the Fever Hospital, on its first outbreak in that institution. Evidences, however, of its contagious character were, in private practice, rather more ambiguous. I need hardly add that no satisfactory causes can be here assigned to account for the development of an affection which proves so rare a complication of fever. The treatment consisted, for the most part, in the local application of the nitrate of silver to the inflamed parts.

Favourable changes, I may here mention, were not observed to have occurred on any particular day of the disease, more than another; nor could evacuations of any sort be ever correctly traced, except in a very limited number of instances, either as cause or effect of such changes.

With respect to the causes of the epidemic, I believe I only speak the sentiment of my professional friends here, when I say that we are almost entirely in the dark regarding them. Variations of weather, and of temperature, it was remarked, exercised no influence whatever on the *progress* of the epidemic; and I am satisfied that its *origin* is referrible to something beyond the mere physical conditions attendant on the cycle of the seasons. True it is, that from causes to which I need not here refer, there resulted for some time previously to its outbreak, a great and rather sudden distress and destitution among a large section of the industrious working classes. But, as the disease was not limited to that portion of the community unfortunately involved in this distress, but extended to the more comfortable and even respectable classes, the existence of some other agency, or combination of agencies, must, I think, be necessarily assumed. Contagious it certainly was, to a certain extent, and in peculiar conditions of system, but its origin and pertinacious persistence up nearly to the present time, must evidently be referred to some other source than that of mere contagion,—and most probably to that unascertained *something* known to us since the days of the immortal Sydenham, by the name of "*epidemic constitution.*"

As to the treatment, the simple method proved to be decidedly the most successful. Phenomena were never treated by *anticipation*, but as soon as they became developed, were combatted by the simplest means consistent with their nature and intensity. General bloodletting, always a potent remedy, formed, with experienced practitioners, the exception, not the rule of practice. And in those cases where, all things being considered, the institution of this measure appeared advisable, the favourable expectations which may have been entertained of it were but rarely, if ever, realised; faintness, and subsequently prostration of the powers of life, generally supervening on the loss of some five or six ounces of blood. If, then, under the most favourable circumstances of age, constitution, &c., such, at least in my hands, were the usual effects of the *prudent* administration of bloodletting, what frightful results must have followed its indiscriminate and intemperate adoption by those low, illiterate, self-interested quacks, who, as is well known, unfortunately infest almost every locality in both town and country in Ireland? In fact, suffering humanity can never be considered as altogether safe from such officious and highly dangerous interference which has, in the present epidemic, consigned so many to the tomb, until the commonest practice of these despicable wretches shall have been interdicted by an Act of the Legislature. On the contrary, in those cases where the phenomena appeared to indicate its adoption, the topical abstraction of blood, by leeches, seemed to answer every good purpose. Of the utility of the milder mercurial preparations, given in such doses as to correct the vitiated secretions, there can, I think, be but one opinion: but when these were pushed to such an extent as to influence the system, the same decided advantages as are reported to have occurred in the practice of some of the leading London practitioners, its warm advocates, were never obtained by me in the present epidemic. But this discrepancy of result, as was justly observed to me by my excellent friend, Dr. William Thompson, is attributable to the fact that the fevers of Ireland are essentially different in their leading characters from those of the same class in England, but more especially in London. On the whole, after a fair trial of different systems of treatment, I am fully convinced that, the contents of the stomach having been previously evacuated by an emetic, salines, conjoined with regulated doses of some mild mercurial, in the earlier stages, and, in the later, superadded to these means, the most approved of the diffusible stimuli, as wine, camphor, &c., together with starch enemata, with or without laudanum, as the circumstances of the case demanded, proved, as general means, by far the most decidedly beneficial. The local or topical means adopted were various, but differed in nothing from those in general use in cases of fever.

Lisburn, Sept. 22, 1838.

METROPOLITAN SCHOOLS AND INTRODUCTORIES.

Being desirous of ascertaining to what extent the promises held forth in the various prospectuses of the Metropolitan Schools, for the present session, were likely to be fulfilled, we made it our business to visit the different lecture-rooms at which "introductories" were delivered on Monday last. The following is a summary of the impressions which we received during the inspection. Want of space has compelled us to defer, until next week, notices of the Borough, London Hospital, and a few other schools:—

KING'S COLLEGE MEDICAL SCHOOL.

The introductory lecture at this School was delivered at two o'clock by Dr. Todd, the Professor of General Anatomy and Physiology. On the arrival of the lecturer the amphitheatre, which appears to be capable of containing from four to five hundred students, was occupied by about one hundred and sixty to one hundred and eighty persons. They presented, in general, a very respectable appearance, but we could not distinguish amongst them many new pupils, nor a single gentleman arrayed in academicals. The lecturer, who had not forgotten to flank himself on the right with a huge glass of transparent fluid, read in a distinct manner a discourse upon medical education. This subject, he remarked, was the one which was most likely to interest his audience, as he presumed that the majority of the gentlemen present was composed of students of medicine, or of those about to commence their medical career. In speaking of medical education, the lecturer did not intend to refer to the various branches of professional education, distinguished as they arbitrarily are, into medicine, surgery, midwifery, &c. This system of instruction he (Dr. Todd) was far from approving of, and dwelt at some length on the necessity and expediency of subjecting the physician, the surgeon, and the apothecary, to a common course of education. He demonstrated by a few familiar examples the analogy between internal and external disease, and expressed an opinion that all candidates for medical degrees should undergo the same routine of study, leaving it free to each person afterwards to choose that line of practice which might best suit his circumstances or his inclinations. The lecturer then gave a sketch of the course of study which is required by the College of Surgeons and Apothecaries' Society, and remarked, that courses of lectures were enjoined on no less than nine different branches of study, exclusive of practical anatomy, and the medical or surgical practice of an hospital. Some of these courses were very extensive, comprising as many as 140 lectures. It might be asked, was all this necessary; could the student master such a varied and laborious task? The lecturer resolved this question in the affirmative, relying on the authority of the Universities, and on experience. At some of the foreign universities even a more extended course was required, and experience showed that a competent knowledge of the nine branches which had been enumerated was necessary to the completion of medical education. Having demonstrated, by the examples of the two Hunters, Drs. Baillie and Babington, that profound acquaintance with any particular branch of study was not incompatible with sound practical knowledge, the lecturer then inculcated the necessity of observation in medicine, and pointed out how it might be conducted with the greatest advantage, assuring the students that too much was not required of them; in fact, there was not a single course of lectures which could be dispensed with; but, on the other hand, he (Dr. Todd) for one, would firmly resist any further attempt to enlarge or extend the present curriculum of education. The lecturer now took a slight dip in the sea of politics; he said that it was too much the fashion at the present day to impute to the medical corporations the blame of not having made certain improvements in the mode of instruction now adopted. This was an error. Much might be effected by the schools themselves, as was shown by the great ameliorations which had taken place since the establishment of the King's College and University College Medical Schools. The courses delivered at those two institutions were more extended, they were better illustrated by valuable preparations and diagrams; they had museums, collections of the materia medica, libraries of choice books; and the zeal of the students was stimulated by prizes awarded to the most meritorious. Still, however, a great defect existed; there was too much lecturing, too little teaching; the lecturer, therefore, advocated the adoption of direct teaching, as followed at the Universities of Oxford and Cambridge, lauded the advantages of daily intercourse between the teacher and pupil, and stated that a considerable approach had been made to this mode of direct teaching by the institution of weekly examinations in each class at King's College Medical School. By thus following the example which had been set them, the professors of King's College, hoped to associate their institution with the parent seats of English science, Oxford and Cambridge.

[This *rapprochement* was hailed with shouts by the juvenile candidates for academical distinctions; they were the only sounds of acclamation emitted during the delivery of the discourse.]

The lecturer then touched on the changes in medical education which would probably be wrought by the establishment of the University of London. This institution would certainly influence, either *for good or for evil*, the state of medicine in this country, and its Senate was, therefore, bound to mature the regulations about to be issued under its authority. Dr. Todd here gave a brief sketch of the curriculum, which he understood was about to be adopted by the Senate of the University, and expressed a general approbation of the innovations therein recommended. This spark of liberality, however, the learned lecturer hastened to quench, by assuring his auditors that he did not advocate any revolution in medical affairs, but by *reform* in the schools he simply meant the adoption of a more *familiar* way of teaching (grinding?) than that which consisted in delivering lectures. He contrasted the method of medical instruction now practised with that adopted for churchmen and barristers at the Universities, and dilated on the superior advantages of collegiate discipline and instruction.

We must confess ourselves at a loss to understand the drift of this portion of the Professor's discourse; it is notorious that a law-student may become a barrister by cramming in—not a determinate quantity of law—but a certain number of dinners,—and we have known very worthy members of the Church incapable, at the time of ordination, of telling you "who was the father of Zebedee's children."

The lecturer now touched, with rather a light hand, on the advantages presented by King's College Medical School, and adverted to an alleged imperfection, which had latterly been held up to public notice by parties interested in supporting a different system. This defect, if defect it could be called, was the want of an hospital in immediate connection with the school; but the question resolved itself into one of mere personal convenience, for the professors held offices in a *large* hospital, situate within twenty minutes' walk of the College, where every opportunity was afforded the pupils of obtaining clinical knowledge. This explanation may have contented the pupils, but it evidently did not satisfy the lecturer himself, for he hastened to say that hospitals did not constitute the only theatres in which medical knowledge was to be acquired, and hinted that perhaps great hospitals might be, like great books, great evils. He also touched on the benefit of small hospitals, as affording peculiar facilities for clinical instruction.

In conclusion, the lecturer directed the attention of the pupils to a peculiar feature of King's College, namely, that there, at least, the duties of religion were inculcated in a becoming manner,—the students were encouraged to attend daily the service of the Church in the College chapel, and were, moreover, admitted *gratuitously* to the learned Principal's theological lectures. This announcement of a *bonus* for the advancement of theology, was received by the pupils with a most ungrateful silence, and it was only at the termination of the lecture, which concluded with the words "Glory of God," that the customary plaudits broke forth.

CHARING-CROSS HOSPITAL.

Dr. Chowne opened the Session at this Hospital, with a lecture which, if not altogether so full of "promises," and "words of advice," as abound in many of the introductory addresses, was, nevertheless, as interesting, and even more so, than these displays generally are. He took a rapid but comprehensive view of all the subjects which are embraced in the curriculum laid down by the Hall and College, commencing with anatomy, and closing with midwifery. In speaking of the importance of anatomy to the physician, he placed the necessity of it in a novel point of view, if the fact itself was not original. "A physician," he said, "must be a pathologist, a pathologist must be a physiologist, and a physiologist must be an anatomist." It was true that anatomy was almost entirely unknown to the ancient physicians; Hippocrates himself only having seen one human skeleton, his view of which was so cursory, as to lead him into the error of recording that there were only twenty vertebræ in the human spine. The rapid advances which the practice of the scientific physician had made of late years, was to be attributed mainly to the improved knowledge of pathology and of healthy anatomy, together with physiology, to the advancement of which not only the anatomy of the human subject, but that of animals, had so much contributed. Scarcely inferior to anatomy and its branches, was the materia medica. A correct knowledge of the effects of remedies was, however, liable to many serious obstructions,—to the obstructions resulting from the experiments of sanguine practitioners, who lent so much of imagination to their descriptions of the powers of particular remedies as to lead many astray. Others, again, obtained cures with certain articles of the materia medica merely by chance-coincidence, and though these individuals were in other respects good practitioners, and sufficiently cautious, they unwittingly became the propagators of error. But of all the enemies to a correct know-

ledge of remedies, the bold and heartless empiric stood the foremost, who unblushingly came forward as the champion of a comparatively worthless drug, and proclaimed it a panacea, or a worker of miracles. Chemistry came in as the handmaiden to most of the other branches of medical science, assisting the physician, the physiologist, and the jurist; without a knowledge of chemistry, indeed, our researches would be, for the most part, incomplete and unsatisfactory. Regarding medical jurisprudence, no science had made greater progress during the last few years; and considering its vast importance, whether as affecting individual life, or as part of the system of public police, none was more worthy the attention of the student. Regarding midwifery, it might be said, that it required the manual dexterity of the surgeon, conjoined with the qualities of the physician, in those who practised it. Considering that many exigencies were liable to occur in it,—exigencies which required the most prompt and decisive modes of proceeding, and which frequently did not admit of time for the purpose of consultation with other practitioners; and, also, how much of the emolument and fame of the general practitioner depended on this branch, the student would not act with wisdom or with justice, either to himself or to the community, who did not obtain a thorough practical as well as theoretical knowledge of the subject. He held out no promises of a particular mode of teaching at that school. The Charing-cross Hospital School would proceed in the same manner as other medical institutions, and he and his colleagues would not be behind any medical teachers in diligence or attention to their classes. He was glad to announce that, through the liberality of the managers of the hospital, a certain number of gratuitous tickets continued to be issued to students whose means were limited, a mode of proceeding which, he trusted, would have the effect of encouraging many a deserving pupil, who had to contend with pecuniary difficulties. The lecturer retired amid much cheering from a numerous audience.

WESTMINSTER HOSPITAL AND SCHOOL.

In the year 1834 Messrs. Guthrie and Hale Thomson formed this school, in opposition to the wishes of their colleagues, the physicians and surgeons of the adjoining hospital. Sir George Tuthill and Dr. Roe were active at the time in endeavours to establish an opposition school, but failed in the attempt, being balked in a hope of securing the services of Mr. Liston as the lecturer on surgery. The Westminster School of Medicine, however, survived this hostility, and has annually attracted a certain number of pupils to its walls. The different chairs have been frequently vacated and refilled. Mr. Guthrie and Mr. Malyn have retired from lecturing altogether. Dr. Todd was translated to King's College, and Mr. Hancock, seceding in anger, has joined the Charing-Cross School. Among the present teachers is Dr. Burne, a recently-elected Fellow of the College of Physicians, and author of "An Essay on the Nature of Fever," a production which has not yet become a standard work. There is nothing very particular in his style of lecturing, but his office as physician to the Westminster Hospital, enables him to illustrate his lectures on medicine with pathological specimens.

The lecturer on anatomy and physiology is Mr. Hilles, who was educated at Dublin. He is a very industrious and intelligent cultivator of his own branch of tuition, and has a sufficient stock of preparations to illustrate his prelections. He is assisted in his demonstrations by Mr. Savage and Mr. Warwick, both *novi homines*.

The lecturer on chemistry is Mr. H. Lewis, A.M., of Cambridge, who obtained high honours from his alma mater. This gentleman is thoroughly acquainted with his subject, and though not remarkable for elegance of enunciation, is a very good demonstrator of chemical phenomena.

Mr. North, the author of an esteemed book on the diseases of children, has been the lecturer on obstetric surgery ever since the foundation of the school. This gentleman's course of lectures is valuable from the correct and perspicuous views which they display, and the numerous examples which his practice, and that of his colleague, Mr. Griffith, affords to the student who chooses to avail himself thereof.

Dr. W. R. Basham is to deliver the course on materia medica, and is expected to promulgate much original matter. During the last summer he earned great credit by the delivery of a course on medical jurisprudence. He is a persevering cultivator of medical science, and is considered as the presumptive successor to a physicianship at the hospital.

Mr. Benjamin Phillips, a brief outline of whose inaugural lecture we subjoin, has recently been engaged to deliver the course on surgery, in lieu of Mr. Hale Thomson, whose extensive practice has required his retirement from the school, and Mr. Hancock, whose loss has been regretted by the pupils. Mr. Phillips has received a Jacksonian medal, a prize which is worth at least its weight in gold. He is also the author of some statistical tables of fractures, and surgical operations, principally amputations. Whether he adds to the art of acquiring knowledge, the power of communicating it, his future career must determine.

The lecturers on medical jurisprudence and botany are new men in the field. They may perhaps belong to Gray's class of "mute inglorious Miltons." But if their exertions prove them to deserve support, they will obtain it, both from the independent portion of the press and the public.

This School is now united with the Westminster Hospital, where clinical lectures are delivered by the physicians and surgeons. Of these we can give but a poor outline :—

Dr. John Bright is a scholar, who is extremely well read in the history of medicine. Every theory and hypothesis that ever deluded the imagination of our predecessors, are perfectly familiar to him, drawing wisdom, however, from the contemplation of their errors. He is considered to be a sound practitioner, so far as the careful study of dusty books can make him so.

Dr. Roe is indefatigable in the wards, in the dead-room, and in the theatre. His clinical lectures are good practical lessons.

Dr. Burne's practice is on a level with his lecturing. He is very assiduous in his duties.

Of Sir Anthony we need only say that he is in a state of delirium *tremens*. The Governors, it is said, are about to give him a "certificate" of dismissal from the hospital, dated Aug. 28th, 1838.

Mr. White, as he himself knows, is an exceedingly clever man, and, as all the world knows, a very lazy one. He is the ablest practitioner in the hospital. His clinical comments are perspicuous, sound, and enlightened. In listening to his conversation, we must wonder at the fascination which sloth sometimes exerts over the best faculties of the mind.

Mr. Guthrie's clinic is esteemed for the information which it conveys on the subject of fractures, gunshot wounds, and other violent injuries, simulating the accidents of war. He is also a ready practitioner in diseases of the eyes, with cases of which he is always seeking to crowd the doorway of the Eye Hospital at Charing-Cross.

Mr. Lynn practises surgery on the system of his late uncle, and the old Hunterian school.

Mr. Hale Thomson, the assistant-surgeon, delivers a course of clinical lectures on surgery.

This sketch of the Westminster Hospital and neighbouring School, is brief but impartial. The number of pupils annually averages 40, to whom solid opportunities are afforded of witnessing the practice, both as spectators and as actors. The avarice of the surgeons of this hospital has not induced them to exact additional fees for the advantage of dressing, this privilege being open to all the pupils in rotation. The opportunities of witnessing post-mortem inspections are frequent.

The lecture of Monday, October 1st, was the first essay of Mr. Phillips as a public "orator," and being an important event in his life, might fairly be expected to provoke his best intellectual efforts. Mr. Abernethy's inaugural lecture so thoroughly satisfied that teacher that it served him twice a year, for nearly half a century, without material alteration. Like the Prince Esterhazy's diamond coat, it never became old, but was quite fresh at every new session. Perhaps Mr. Phillips took the greater pains with his production, that its maiden virtue might save it from ever perishing.

After many deprecatory apologies, Mr. Phillips announced it as his opinion that a knowledge of the ancient and modern languages was an indispensable preparation for the study of the healing art. It was obvious, he said, that no man could be acquainted with the actual state of professional lore, without possessing an intimacy with the productions of his contemporaries, and to form a correct idea of the gradual growth of medical science it was necessary to be informed of the achievements and writings of our predecessors in the field of investigation. An acquaintance with general science was not the less indispensable, whether in its actual state or in its previous progress. Unless a student knew what had been attained in science, how could he judge of what was truly an improvement? For movement was not always progressive, and change not always amendment. He, however, who was truly acquainted with the course of science was not likely to be deceived by fallacious theories and hypotheses. The application to medicine of a familiar knowledge of chemical agents was very obvious. Chemistry alone could satisfactorily indicate the mutations in the quality of the urine, of the bile, and of other fluids, or explain the constitution of calculous concretions, or the *rationale* of respiration and digestion. An acquaintance with mechanics was, if possible, of still greater importance, for the use of the simplest instrument in surgery,—the forceps, or the lancet,—illustrated some principle of mechanics. This acquisition of general knowledge in science and literature ought to precede the study of medicine, for the whole time which could be devoted to this pursuit was barely sufficient to secure the skill requisite in practice.

Anatomy, he continued, forms the basis of all medical and surgical knowledge. It is the accurate knowledge of structure, whether normal, or altered by disease, which enabled Scarpa, Cooper, and others, to improve the mode of operating in hernia; that led Sir Everard Home to the discovery of a peculiar disease of the prostate gland; that instructed Amussat to develop the real structure of the urethra and its permeability by a straight staff; it was by a minute dissec-

tion of the anastomosing branches of arteries, that the modern treatment of aneurysm was discovered, and the splendid triumph of the tying of the external iliac achieved,—the proportion of success in which operation he (Mr. Phillips) had ascertained to be thirty-two cases out of forty-six. Through the same means the vascular character of the iris has led to the discovery of the efficacy of mercury in the treatment of inflammation of that tunic, and a knowledge of its muscularity to an efficient mode of forming an artificial pupil.

Observation and experience, however, were not less necessary than a knowledge of anatomy, in the skilful practice of surgery. Experience has shown that anatomical analogies had been carried too far, and reason abused in adopting such operations as the ligature of the abdominal aorta, the excision of the thyroid body, and of the uterus, and the resection of the upper jaw and portion of the sphenoid bone. Pathological anatomy was the parent of numerous improvements,—for example, the distinction between fungoid disease of the testicle and medullary sarcoma of that organ, a difference which indicated the propriety of excising a portion of the testicle, or of a complete castration. From the same source sprang Sir Astley Cooper's splendid work on dislocation, and Dupuytren's improved treatment of artificial anus. To physiology the healing art was not less indebted, as was made clear by a consideration of the system of grafting, and other principles of surgical practice; and of the late discoveries of a German physiologist with regard to the absorption of air by the veins, showing that a considerable volume of that fluid might be introduced into the circulation with impunity,—a fact which pointed to some other circumstance as the cause of the fatal asphyxia that has been described as arising from that cause.

The lecturer next alluded to the gradual abandonment of the vulgar error, that medicine and surgery were distinct sciences. The truth was, he said, that they were the same in essence and in origin, and differed only in the means employed. In the one visible mechanical means were resorted to, —in the other media, which were appreciable only by the eyes of high intelligence. Some judicious advice was then given as to the moral conduct of the young surgeon; he was to combine the fascination of a Giovanni with the sanctity of a Joseph. To attain to the elevation of "an operating surgeon" was permitted to few. According to Mr. Phillips, to attain this dignity a galaxy of powers and virtues were necessary,—genius, learning, industry, sentiment, courage, firmness, decision, perspicuity, &c. &c.; in short, such a combination of qualities as belong only to inhabitants of the very first class in Utopia. No man, he added, who entered the medical profession with any other object or feeling than that of benevolence towards his fellow men, would ever reach the highest degree of happiness which its pursuit could impart. The moderate pecuniary compensation which it afforded was no equivalent reward for the continual care and the depressing anxiety which the practice of the healing art imposed. The chief, if not its only remuneration, consisted in the exercise of the social and charitable feelings.

After offering as an apology for the frequent changes which had taken place amongst the teachers of this school and others in the metropolis, that public, social, and political institutions ought to change with the varying temper of the times, and might be destroyed or reconstructed with impunity, Mr. Phillips proceeded to sketch the history of the various legal and regal enactments which had been framed to regulate the healing art in these kingdoms. In this part of his address the lecturer sought to be humorous, and was very hard upon the Bishops of London and the Deans of S'. Paul of the olden time. We have not room, however, for this division of the discourse.

Mr. Phillips pointed out the great advantages which the pupil might derive from studying in a small school, chiefly as regards the superiority of the clinical instruction, and compared them with the advantages afforded by the larger schools in their more extensive museums; and he finally came to the conclusion (certainly near the truth) that small schools were most advantageous to the pupils, but large schools to the teachers. He then showed that a good system of instruction eventually enabled the pupil to commence his duties in the world with a precocious experience, which many years without such advantages would scarcely confer, and concluded with a peroration, declaring the willingness and even the anxiety of himself and colleagues to render every assistance to the students in their career of instruction.

A numerous assembly of friends and pupils was present on the occasion.

UNIVERSITY COLLEGE MEDICAL SCHOOL.

All the world has heard of the Irish showman, and his business-like way of addressing the little knot of ragged and wellbreeched urchins that usually gathered round his box:—"Get out of that ye bastes, that's got no money; but come here ye little dears, that's jingling the ha'pence, and put your beautiful eyes to the hole." Expecting to find the showman at the Gower-street *box* a true brother of the craft, we provided ourselves with the means of quiet-

ing the most surly Cerberus; but such precaution was unnecessary. Had our coat been out at elbows, we verily believe that we should still have been met at the threshhold with the blandest of janitorial smiles. There was no distinction of persons at University College; the showman let every one *put his eye to the hole;* the *suaviter in modo* was the order of the day. All this was so different from the reception we met with at the same doors on a former occasion, that we naturally turned to a neighbour in hope of an explanation. "*When* did you call last?" he inquired. "Last January; but why?" "I thought so," said he; "chew the cud of reflection on that." We did so; and putting January and October together in contradistinction, soon got to the key of the affair; and once more (for the thousandth time, at least, in our lives) we acknowledged the eternal truth of the saying, "there's a time for all things." Verily there is a time to be civil and a time to be uncivil among the rest.

On our entry we found, *imprimis*, that there was to be no introductory lecture; no effort to be made to catch country students. This pleased us, for, if there be anything of which we have a thorough horror it is of those pupil-traps,—introductory lectures; and we really felt much satisfaction in believing that at University College the practice of delivering them was formally given up. In the absence of the grand effort we were obliged to content ourselves with a minor one,—a *little go*, to use a University phrase, by Mr. Graham; and a smaller attempt we have not often witnessed. The confusion inflicted on his young auditors in the shape of a history of chemical science, was not, it is true, worse confounded than it usually is, when a historical review is attempted for beginners. But the absurdity of giving the history of a science to men who are not supposed to know its A B C, to have a notion of its objects, of the instruments it employs, of the mode in which it is studied, was strikiug. What should we think of the professor of medicine who handed Sprengel to a youth just about to commence the study of that science, as a fit guide for his first steps? Now, Professor Graham's mode of conducting his opening lecture was much of a piece with the act of the professor supposed. To be sure, everything was touched on in it, from Moses' burning of the golden calf (an achievement which the beginners present were told to consider explicable on the theory of the sulphur salts) down to the last mighty and never-to-be-too-much-admired doings of one section of the great Fudge Family at Newcastle. And there was the usual quantity of phosphorus and potassium burned; much light given out, no doubt, but not a ray taken in. In these remarks, however, we would be understood chiefly to refer to historical introductions to scientific courses generally, and not to Professor Graham's in particular, which was not inferior to the general run of its class. Had it, however, been ten times more eloquent, its effects would have been slight, for like the discourse of the young English mollah, at whose combined youth and wisdom Haji Baba was so astonished, *until he saw the written sermon on the cushion*, Professor Graham's lecture lay in fair round characters before him.

Professor Graham's accent is not by any means so bad as has been asserted; but he would do well when next he burns hydrogen, not to tell his pupils that it "*bejews*" (bedews) the vessels. A little Scotch sweetens a discourse, but *Hebrew* is heterodox.

There was no appearance of a falling off of pupils at the College this session, but here, as in the other schools, great numbers of old birds were collected, to pick up whatever grains of corn might be concealed amongst the chaff.

ST. GEORGE'S HOSPITAL AND SCHOOLS.

The session was opened at this hospital on Monday, with an "Introductory Address" by Sir B. C. Brodie. The fact that it was the first, and was expected to be the last, "introductory" delivered by Sir Benjamin, caused a very numerous and anxiously curious assemblage to crowd within and around the walls of the theatre. The lecturer was, as is usual on these occasions, received on his entrance with loud applause. We subjoin an epitome of his address:—

"There is no part of the human body (he observed) in which disease may not fix itself. You will, therefore, be expected fully to understand every part of it, and well enabled to treat every disease. To this end you should be acquainted with human anatomy, for without a knowledge of the structure of the body in health how can you treat it successfully in disease? There are three great divisions of medical study,—anatomy and physiology, pathology, and the treatment of disease. You must be well acquainted with the two first of these before you can proceed to the third. Anatomy and physiology I regard as one subject; they will be taught you by the same lecturers; for how can you learn the uses and functions of a part without being perfectly acquainted with its structure? You might, with as much propriety, attempt to separate these, as an astronomer could separate the form and shape of the heavenly bodies from their motion and courses. Pathology is a science which has made rapid strides towards perfection within the last few years, but remember that pathology is not morbid anatomy. You must endeavour to trace out by

attentive, close, minute observation, the various types and forms of diseased organic changes in the living structure, or the specimens of dead morbid tissue will avail you comparatively but little in detecting the symptoms, and selecting the appropriate treatment for disease in the living person. Now, we teach in our London schools all these three great branches of professional education as studies which are subservient to general practice, which in those establishments is the great aim of all our prelections. In the German universities I am well aware that many professors devote their entire attention, either to anatomy, to physiology, or to pathology, singly, and that in the minuteness of their researches they may surpass us, in some respects, but still I am fully persuaded that the system of professional education which is pursued in the London schools is the best. You may select either of these sciences singly, and employ upon it all the learning and the talent which you can command for its elucidation and acquirement; you may study it as a philosopher, and rely upon obtaining all the success which a reasonable ambition could desire,—but it is as future practitioners in an useful and honourable profession, that I address you, advising you to make your entire pursuits subservient to your future fame and independance.

"Many branches of study are offered to your notice, which you must pursue for the purpose of passing your requisite examinations, but do not let these at present distract your attention. Your two great studies are anatomy and hospital practice. I need not say which of the two I consider the more important. It will be well for those who are now commencing, and whose time will permit of it, to give the entire two first winter seasons to anatomy. The practice of this hospital can be better attended in the summer, because fewer lectures then demand their attention. Do not study only while attending lectures, and walking the hospital, but during the after-years of your life. Pay diligent attention to hospital practice. Take short notes of the cases in the morning, and write them out fully in the evening. Be not anxious to select the most obscure and difficult cases, but take the simpler ones, and rather note down the symptoms and progress than the treatment. Think well on all you see and hear. A reflective practitioner will always be a good one. Equal powers of memory and reflection are not given to us all, but they may be increased greatly by practice. Some ignorant persons may tell you that medicine and surgery are useless, but you will perceive the error of this very soon after you have witnessed the practical results of hospital attendance. You will find that Nature, in all diseases, possesses to a certain extent a reproductive power within herself. Unlike a clock, or a steam-engine, which, when broken, requires to be sent to its maker for repair, Nature, in many instances, if left to herself, will prove to be her own best engineer, and able to repair diseased structure with a degree of efficacy and power which is far superior to any which art could supply. Thus, after severe injuries, such as muscular bruises, compound fractures, injuries of the brain, Nature will frequently effect the curative purpose best, if left in a great measure to herself. In saying this I do not advise you to be indolent or tardy in the use of remedies, when they are required. A dispirited, desponding, practitioner will frequently consider a case to be hopeless, when a surgeon of a lighter character and feeling will step in and prolong life for some time. A sanguine mind, tempered by judgment, is invaluable to a medical man.

"It seems to me, when I look back, that but a few years have elapsed since, like yourselves, I commenced my career as a medical student, and when, in the course of my studies, I frequently paused, dismayed at the mountainous difficulties which were to be overcome. We have all our separate roads, and the future specific career which you must follow, depends much more on your own exertions than on the circumstances which may surround you. But rely upon it that the only true aid to future fame and fortune is strict integrity, and the untiring pursuit of professional knowledge."

At the close of this lecture the friends and students dispersed to Grosvenor-place and Kinnerton-street, to hear Mr. Lane and Mr. Tatum open their respective courses of anatomy and physiology.

Respecting the advantages which a diligent pupil may derive on entering to the course of lectures delivered in the hospital theatre, and in Kinnerton-street, or to the practice of the hospital, only a few observations may be made. Pupils desirous of entering to the lectures in the hospital, have no longer the power of choosing between separate schools, the majority of the lecturers of the past session, at Mr. Lane's theatre, having seceded from the school, in which only anatomy and physiology are now taught,—a branch in which Mr. Lane has always excelled as an instructor, and to which undivided attention will now be given by that gentleman.

The lectures on the practice of physic and materia medica are in the same hands as formerly, and at the same high charges,—higher than at any other school at the west end.

The practice of physic is pretty well taught in the former. In the latter course (the materia medica) a greater stress is laid on the application of remedies to diseases than on a knowledge of the remedies themselves. The specimens of drugs are many of them much inferior to those which Dr

Wood and Mr. Ancell used to present to their pupils.

In the department of medical jurisprudence some change has taken place, from a feeling in Dr. Hope's mind that cash deferred may be accompanied by the same symptoms as hope deferred. The present lecturers on this subject are Dr. Robert Lee and Mr. C. F. Macauley, a young barrister. A medical gentleman was first suggested as the coadjutor of Dr. Lee, but he declined that gentleman's services on the ground of his being a *general practitioner*.

The other courses remain as formerly. It is stated in the prospectus that those who enter to the surgical lectures of Messrs. Hawkins and Babington, will have the "privilege" of attending Sir B. Brodie's clinical lectures, but students should know that this "privilege" is not confined to the students of the surgical lecturers only, but is by right open to *all* the students of the hospital. Dr. Seymour began his clinical lectures a fortnight or three weeks since; he will continue them every Saturday, "until further notice," at four, P.M. Roderick's lectures are not yet advertised. Sir B. Brodie's clinic is generally delivered on Tuesday, at one, P.M. Of Mr. Babington's "clinical lectures" we have simply to announce that he has had the "benefit" of four years advertisements announcing them, without having yet delivered a single clinical discourse in the hospital.

The surgical pupils of the hospital should follow the advice of Sir B. Brodie, and be unremitting in the search and demand for instruction in the hospital. This is particularly to be sought in clinical tuition, which it is equally the duty of the pupils to receive, and the surgeons to give. The same circumstances apply to the medical pupils and the physicians. This demand should not be pressed at the outset and then forgotten. The students should bear in mind that Sir Benjamin is himself in the frequent habit of condemning the indolence and listlessness which often follow the early ardour of pupils in the wards. "As you commence your hospital attendance and instruction," says Sir Benjamin, "so proceed with it, steadily and determinately, perseveringly."

The apothecary to the hospital goes round the physicians' wards every morning, at eleven o'clock, and the physicians arrive at half-past twelve.

Dr. Chambers and Roderick are the only auscultators in the hospital. They use the stethoscope constantly in all diseases of the thoracic cavities. The student should profit as much as he can by their example. Cases of rheumatism are here treated very successfully on the simple antiphlogistic plan. Obscure affections of the stomach and uterus are also assiduously investigated by Dr. Chambers.

Dr. Seymour is noted in the wards for his diagnostic efforts in the treatment of ovarian and other abdominal affections. In his method of treating rheumatism he is opposed to some of his colleagues. In the bursal form of that affection he gives colchicum, whilst in all other varieties he prescribes an unvarying round of bleeding, purging, and the guaiacum mixture of the Pharmacopœia.

Dr. Wilson's treatment of fevers by alkaline doses of carbonate of potassa, is different to that pursued by his colleagues. Drs. Seymour and Wilson do not use or recommend the stethoscope to pupils.

The science of medical pathology is best understood by Dr. Chambers and Dr. Hope, the assistant-physician, who is very urgent in his recommendation of auscultation in all diseases of the chest.

The house-surgeons go round the surgical wards every morning at eleven, and the surgeons arrive at one. The days of attendance were mentioned in the "Students' Number."

The junior pupil may observe much useful practice in the treatment of ulcers, and other superficial affections of the surface, among the patients of Messrs. Hawkins and Babington. Sir Benjamin Brodie's trot round the hospital is always well attended for the clinical observations which he may have to offer on the most remarkable cases.

Mr. Keate's practice, and his attention to minute points, the dressing of an issue for instance, are such as may be profitably observed and imitated.

In connection with the surgical practice of the hospital there is a large number of out-patients affected with diseases of the eye, in attendance on Tuesdays and Saturdays, at half-past twelve, under the care of the two junior surgeons and the assistant-surgeons respectively. The instruction, in the shape of clinical remarks, which Mr. Walker offers to the pupils on these occasions, has been frequently communicated to the readers of THE LANCET, and has proved worthy of the pupil's attention.

The surgical out-patients of the hospital are all under the care of the assistant-surgeons, and the medical out-patients are under the care of the assistant-physician. It is to be mentioned with condemnation that a better record of all these cases is not kept. The omission is a discreditable neglect of duty.

There is a library, a museum, a herbarium, and a debating society attached to the hospital. The pupils are admitted to them on the payment of fees to the first and last.

THE LANCET.

London, Saturday, October 6, 1838.

We have already referred to the extraordinary attempt made by Sir Anthony Carlisle to consign Thomas Holmes to imprisonment in a lunatic asylum, and recur a second time to this painful subject from a conviction, that no duty in the medical profession requires more caution and discretion than the granting of certificates of insanity. The certificates of two medical men, according to 2 and 3 William IV., c. 107, will deprive an Englishman of his liberty, tear him from his friends, and lodge him, amongst madmen, in the hands of people who are interested in prolonging his confinement to the latest period. Before certifying to an individual's insanity a conscientious surgeon would, therefore, examine the state of the patient, and the history of the case, with the utmost care; and the result of the decision would evince more clearly than anything else the soundness or imbecility of his judgment. The public—the governors of hospitals—can estimate acts of this kind, and hence they become doubly important, for in thousands of other cases the data of an accurate judgment are beyond their possession, and the rashness and errors of the medical officers lie concealed in the sufferer's grave; but where a surgeon attempts to hurry a poor man, with an injured, inflamed wrist-joint, who is delirious for a few days, to a lunatic asylum, the governors can have no hesitation in pronouncing him to be utterly unequal to his duties, and they incur a fearful responsibility by permitting him to trifle with the diseases of the sick poor. Was it that Sir Anthony Carlisle may treat the unfortunate patients of the Westminster Hospital as he attempted to treat Thomas Holmes, that the public contributed so liberally at the Musical Festival? Are the thousands of pounds which were then collected to be misused through the reckless folly of antiquated surgical Merry Andrews? Let the Governors of the Westminster Hospital look to this; the public attention is directed to their movements, and let us express a hope that they will not shrink from the discharge of their duty.

We must briefly recapitulate this case that our readers may draw their own inferences from the facts:—

Thomas Holmes, æt. 53, had been sixteen years a labourer at the gas works. He was admitted into the Westminster Hospital, under Sir Anthony Carlisle, August 22nd, for a severe injury to the wrist-joint, having fallen while carrying a sack of coals, and pitched upon his left wrist. During the first three days he was treated by Mr. Thomson and the house-surgeon, and on the fourth day after his admission Sir A. Carlisle saw him and prescribed ammonia. After the second dose of ammonia constitutional irritation, from the excessive inflammation of the wrist-joint, came on, which ended in delirium tremens. The house-surgeon instantly omitted Sir A. C.'s prescription, and gave opium in large quantities. During the Sunday and Monday the delirium was very severe, but on Monday night the patient fell into a profound sleep, and on Tuesday morning awoke quite recovered. Not a single symptom of delirium remained. On this day Sir A. Carlisle, not having seen him or prescribed *in the interval*, and *without any examination of the house-surgeon*, went to the Board, and urged the Governors present to send the man to a lunatic asylum, and wrote an order to empower the Secretary to eject him from the hospital. Sir Anthony told the Board, that the case might "by some be called delirium tremens, or any other gibberish," but he declared the man to be "mad." An order was consequently issued by the Board, that the patient should be immediately removed to a madhouse; but, upon the interference of the assistant-surgeon and one of the Governors, the order of the Board was suspended, and before the next board-day the man was up, and quite convalescent. Sir Anthony, however, on the following Saturday visited the patient, and on seeing

him sitting on the side of his bed, with his arm in a sling, exclaimed, "Well, how is my maniac?" upon which the house-surgeon replied, "He is very well."

The following is the certificate—the warrant—which so nearly decided the fate of poor HOLMES:—

"Westminster Hospital, Aug. 28, 1838.

"This is to certify that THOMAS HOLMES hath been, from August 22nd instant, under my professional care, labouring under a high state of nervous and mental irritation, for which the usual treatment has been adopted, but during the time of his abode in the hospital he has shown decided marks of *insanity*, and has been so violent as to require bodily restraint by a straitwaistcoat, and been an incessant disturber of the rest and comfort of the other patients, by night and by day. I, the undersigned, for the above reasons, consider THOMAS HOLMES to be wholly unfit to remain in the hospital, and recommend that he be consigned to some lunatic asylum, or other receptacle for insane persons.

(Signed) "ANTHONY CARLISLE,
"Surgeon."

This certificate requires no commentary; but we must remark that if the name of ANTHONY CARLISLE were substituted for that of THOMAS HOLMES, no surgeon could hesitate, after the circumstances of this case, to affix to it his signature. The transaction shows how thin the partition is between doting senility and insanity. The safety and lives of human beings are too precious to be entrusted to the shaking hands of second childhood. The Governors of the Westminster Hospital appear to have become distinctly acquainted with the incapacity of their medical officer two years ago, by an event, the particulars of which have been long in our possession, and which we hoped the prudence of the party concerned, or the kindness of his friends, would have rendered it unnecessary to disclose; but the consequences of the suppression have grown fearful, and the case of 1836 shall be no longer withheld:—

JAMES MILLS was admitted into the Westminster Hospital, under the care of Sir ANTHONY CARLISLE, June 8th, 1836. He had received a severe contusion of the hand, and died June 10th of tetanus. The House-Committee of the 14th of June passed the following resolutions:—"That the treatment of JAMES MILLS, deceased in this hospital, be referred to a Committee, to inquire whether the same was prompt and efficient, and such as ought to have been adopted." A Committee of five non-medical Governors was appointed, and met on Wednesday, 15th of June, 1836, to receive evidence. *The House-Surgeon* stated that deceased had been attending the hospital as an out-patient about a week, with one of the fingers of the right hand broken, and a laceration of one of the fingers of the left. The patient was a brewer's drayman, attended very irregularly for a week, and drank freely during that period. On Wednesday, June 8th, he came to the hospital, his hand very much inflamed as high as the centre of the upper arm; a red line also extended to his arm-pit. He was then taken into the hospital, a poultice was applied, and aperient medicine given by the house-surgeon. In the night 30 drops of opium were given by the apothecary. Next morning, when the house-surgeon went round, he found that symptoms of lock-jaw had come on; he made a few incisions into the palms of the hands, and sent for Mr. THOMSON and Sir A. C.; both saw the patient at 1 o'clock, but Sir A. C. took charge of him, ordered him ammonia, and desired his dresser to let him know how the man was next morning; the man gradually got worse, and the next morning, when the dresser went to inform Sir ANTHONY that such was the case, he merely sent word that Dr. ROE was to see the patient, which he did at his usual visiting hour, and found the man dying. When Sir A. C. came, two days after he first took charge of the man, he found him dead. *He considered it to be a medical case*, there being, as he thought, "symptoms in it of a wandering constitutional disease."

After Sir ANTHONY'S explanation, the

Committee reported to the General Board as follows:—"The Committee do not feel themselves competent to enter into the medical treatment of the case of JAMES MILLS after he was taken under the charge of the surgeon of the week; but they cannot help expressing their regret that, after receiving the patient under his care, and prescribing for him, Sir ANTHONY CARLISLE, upon the report of his pupil, should have given over a case of doubtful and serious character, by a verbal message to the physician, and not taken any further notice of the patient until his decease, which took place on the day after he first saw him. The Committee further regret that although Sir ANTHONY ordered a post-mortem examination he paid no attention to it, but left it to his pupil."

The House-Committee, upon receiving the Report of the Committee of Inquiry, resolved, *and entered on their minutes*,—"That it appears from the facts transpiring during the investigation of the Committee into the treatment of JAMES MILLS, that due care and attention has not been paid to his case, and that the rules of the hospital have been disregarded; and this Committee having received the subsequent explanation of Sir A. CARLISLE, regret exceedingly that he did not personally attend on receiving a message expressive of the doubtful and serious state of his patient on Tuesday morning."

There is another point of view in which this affair must be viewed. Sir ANTHONY CARLISLE has this year been the President of the Royal College of Surgeons, and in the character of an Examiner in that College, he has frequently to determine the competency of surgical candidates. What an Examiner! What a judge of practical capacity! He may evidently be guided only by caprice, in a decision of the utmost importance to the public health, and to the young men who go before that inquisitorial tribunal. Who can wonder, when delirium tremens supervening on an accident is distinguished from insanity, and an Examiner of the Royal College of Surgeons calls the diagnosis "gibberish," that accomplished young surgeons should be rejected, and gross, disgraceful ignorance not only pass muster, but receive approbation at the hands of such a judge? This gentleman stated, in his evidence before the Parliamentary Committee on Medical Education, that either HIPPOCRATES or GALEN would be rejected at a College Examination, so dimly would their intellect burn before the throne of ANTHONY BACCHUS-inspired: HIPPOCRATES, and GALEN would be absolutely extinguished by the College effulgence, and directed by Mr. MACE STONE to hide their diminished heads in the surrounding scenery. If the Council of the College of Surgeons had been a *representative body*, elected annually, such an example of rashness would not have had it in his power to expose the profession to general censure, nor been placed at its head to draw down upon its members the lightning of public wrath.

Sir ANTHONY CARLISLE puts £140 a year into his pocket at the Westminster Hospital, by hook or by crook; and does not, we understand, consider his ribald jokes dear at that sum. This is exceedingly natural, for, as Mr. HUME long ago remarked, few people ever consider themselves too highly paid. The question is, however, reduced within a narrow compass by the confession of this surgical JOSEPH MILLER, that his stories and facetiæ, put into circulation in the wards, are the only articles of value in which he deals; for the jokes are now all grown weary, stale, and unprofitable, by "damnable iteration." The *Sir* ANTHONY of Westminster, we believe reminds, his straggling auditors of *Saint* ANTHONY in the wilderness, in more respects than one. The *Saint* was troubled by a flock of monsters in all forms, from the frog astride the bat, and the fish flying, and the crane-legged giant, and the snarling dog and wild beast, to the savory dish and deceitful virgin; while the *Sir* of Westminster is beset with crude and monstrous jokes, wild sallies, and practical extravagancies, but which he has not the virtue, like St. ANTHONY, to resist, or they would fly from him. On the

contrary, he gives them utterance and effect, on the most inappropriate occasions,—in wards where the pupil is waiting for instruction, or where the sick man is dying. It would little surprise us to hear that he considers a certificate which was opportunely prevented from consigning a wounded man to the society of madmen, a joke worthy of repetition; or to discover that he places the transaction of 1836, and the proceedings of the Governors of the Hospital, in the same category.

Unhappily, surgery, inflamed wrists, straitwaistcoats, and madhouses, are no joking matters; and it will look as little wise in Sir Anthony Carlisle to disregard this serious proof of his incapacity to fill any longer the office of surgeon to the Westminster Hospital, as it would become Mr. Myers to smile if he had granted a certificate to consign Pow, who also had *delirium tremens* at Westminster Hospital, to the mercies of a lunatic asylum, and the nightly yells of madmen.

Analytical Tables, adapted to the Purposes of General and Forensic Chemistry, with Directions for Preparing the various Tests, and a Description of the Means of ascertaining their Purity. Translated from the French of M. Devergie, by Martin H. Lynch, M.D., &c. &c. Longman and Co. London, 1838.

It is impossible to have comprised a greater quantity of useful matter within a confined space, than Dr. Lynch has done in the two tables now before us.

The first part of table 1 contains descriptions of the modes of preparing the various tests and substances used in analysis, and the means of ascertaining their purity. This portion is not contained in the original tables of Devergie, but has been compiled by Dr. Lynch from another part of the French author's work, with the intention of enabling the student to practise analytical chemistry with pure tests, although he may live at a distance from the large cities, in which alone they are generally to be obtained. The substances which it may be necessary to subject to analysis are divided into two principal classes,—those which are *insoluble* in water, and those which are *soluble* in water; and the mode of employing the different tests is succinctly described in a manner which is calculated to facilitate, in a high degree, a knowledge of this difficult branch of chemistry. We feel much pleasure in being able to recommend strongly the tables of Dr. Lynch, not only to students, but to those who are more advanced in the science of general and forensic chemistry.

Practical Surgery; with one hundred and thirty engravings on wood. By Robert Liston. Second edition. London, 1838. Churchill; Renshaw. 8vo. pp. 529.

When the first edition of Mr. Liston's work on Practical Surgery was published in the month of October, 1837, although fully impressed with a sense of its value, we could scarcely have anticipated that a second edition would have been called for within the brief space of twelve months. We are, however, rejoiced to find that the desire of the medical public to possess a work of first rate practical importance has exceeded our anticipation, and thus given to Mr. Liston an opportunity of again presenting to us his Treatise, enriched with the facts and observations which he has accumulated during the past year.

The extended notice which Mr. Liston's work has already received in the pages of this Journal, renders it unnecessary for us to do more, on the present occasion, than to mention that the second edition has been revised and corrected with care. A few typographical errors, which had been overlooked in the former edition, are, we perceive, corrected in this one; fifty additional pages of matter have been added; and whenever the subject-matter seemed to require the illustration of a woodcut, the latter has been supplied with the same fidelity and elegance of execution which distinguished the engravings contained in the first edition. The index has also been enlarged, and rendered more complete.

It had been our intention to have taken this opportunity of noticing "A System of Practical Surgery," which has recently been published by Professor John Lizars, of Edinburgh, but we are compelled, from want of space, to defer the task for the present. It will be at once curious and instructive to compare together two treatises on "Practical Surgery," emanating from the pens of Liston and Lizars.

INFLUENCE OF TEMPERATURE ON THE CICATRISATION OF WOUNDS.

In the year 1833 M. Gugot made a number of experiments on animals and men, for the purpose of determining how far the union of wounds might be influenced by the temperature of atmospheric air; the results then obtained were published in the "Archives Générales de Médecine" for 1835. Since that period he has continued his researches, and the results of his more recent experiments were lately communicated by M. Breschet to the Royal Academy of Medicine.

The apparatus generally employed is a cubical box, to the side of which is attached a linen bag, which embraces the limb. The inferior surface of the box rests on the patient's bed; the superior forms a lid, which may be opened or shut as necessity requires; it is also furnished with a glass window, to enable the surgeon to watch the progress of the wound without disturbing the apparatus. A thermometer, placed inside, indicates the degree of temperature. Into the external side of the box is fixed a tin pipe, which is, at its other extremity, attached to the glass of a common lamp. At the angle formed by the pipe is a small aperture, which may be increased or diminished, so as to regulate the heat produced by the lamp. The stump is placed in the apparatus immediately after the operation, the wounded surface being freely exposed to the warm air. The following are two cases in which the apparatus has been recently employed:—

Case 1.—On Monday, June 18, 1838, amputation of the thigh was performed on the person of a young girl, fourteen years of age, affected with tubercular caries of the femur since the age of seven years. Although the constitution of the child was evidently lymphatic, her general health was tolerably good. After the operation the edges of the stump were brought together by five very narrow strips of diachylon, and sustained by a small bandage, and the stump was placed in an apparatus filled with air, at 95° Fahr. During the first three days a quantity of reddish-coloured serum was discharged from the wound; on the two following days the discharge assumed a whitish, puriform appearance; it seemed to come, not from the surface of the wound, but from the more deep-seated parts. The bandage and sticking-plaster were removed on the fourth day; union had now taken place, except at the lower edge, where the contact of warm air had been designedly prevented. There was no sign of inflammation in the parts, no tumefaction or morbid sensibility. The wound was allowed to remain in this state, without any dressing, for three days longer; on the eighth day the stump was covered with lint, and a bandage applied; on the ninth day there was hardly any trace of suppuration, and the surface of the wound appeared to have contracted in a considerable degree. The ligatures came away on the twelfth day; on the fourteenth there was no longer any discharge of pus; and on the fifteenth day (July 2), the wound was almost completely healed, the cicatrix being about the twelfth of an inch in breadth, and from fifteen to twenty lines in length. The local effects thus produced were of a striking kind, but the general effects were still more remarkable. On the day after the operation the patient was nearly free from fever; the appetite remained unaffected, and the child was able to take some soup on the second day, and on the fourth she was placed on her ordinary diet.

Case 2.—The second experiment was made in the person of a blacksmith, sixty-one years of age, affected with extensive suppuration of the ankle-joint and lower part of the leg, in consequence of a fall. The leg was amputated below the knee on the twenty-second of June, 1838. As the muscles were in an unfavourable state, the integuments infiltrated, and the tibial artery ossified, it was thought prudent not to attempt union by the first intention. Some slight support was given to the parts by four slips of sticking-plaster, and a bandage having been loosely applied, the limb was placed in an atmosphere heated to 95° Fahr.

On the day of the operation the patient took some broth and wine and water; on the second day he expressed great satisfaction at the comfortable state in which he felt himself: he asked for food; the pulse was perfectly calm, and the general depression resulting from long-continued suppuration, had disappeared. During the space of five days the wound was covered with a brown crust, and no pus was discharged from its surface; on the sixth day the crust came away, and suppuration set in, but the aspect of the wound was most favourable: there was no inflammation, no morbid sensibility, and everything justified the hope that a speedy cicatrisation would be obtained.—*Arch. de Med.*, August, 1838.

SEVERE EFFECTS OF SMALL QUANTITIES OF MERCURY.

To the Editor of The Lancet.

Sir:—I should feel obliged if you will insert the following cases at your earliest convenience. I trust that the second will prove of service to my medical brethren as regards the caution which is necessary to be observed in the exhibition of mercury

and its preparations to children. I am, Sir, your obedient servant,

JAS. B. SAMUEL, House-Surgeon,
Newark Dispensary, Sept. 22, 1838.

CASE 1.—James Hopkins, æt. 8, was admitted a patient on Tuesday, Feb. 20th. On visiting him, in company with the physician on duty, we found him labouring under an attack of typhus fever (at that time very prevalent). The following medicines were prescribed:—

Comp. ipecac. powder, 10 grains;
Calomel, 2 grains;
Rhubarb, 12 grains. Divide into three powders; one every day.
Nitrate of potass, 2 scruples;
Solution of chloride of soda, 1 drachm;
Water, 6 ounces. Two tablespoonfuls thrice a-day.

On visiting him on the 24th I found that the mouth had become affected by the mercury, no more having been taken than was contained in the above prescription. It would be tedious to relate the daily progress; but in a few days sloughing took place in the right side of the mouth, and several teeth fell out. After this a large portion of the soft parts came away, followed by a most offensive discharge. On the 9th of March a portion of the superior maxilla exfoliated. The discharge then gradually ceased. All things went on favourably, and on the 6th of April he was discharged cured. It is almost unnecessary to remark, that the cheek has fallen in, resembling that of an old man aged 70. The treatment in this stage consisted of the administration of quinine, port wine, &c., the external application of a spirit wash, and keeping in the fresh air as much as possible.

CASE 2.—Ellen Jenks, ætat. 5, was admitted a patient on the 10th of Feb. On visiting I found her labouring under an attack of typhus. The following medicines were prescribed:—

Comp. ipecac. powder, 12 grains;
Mercury and chalk, 12 grains. Divide into four powders; one daily.
Solution of chloride of soda, 1 drachm;
Nitre, 2 scruples;
Camphor mixture, 6 ounces. One tablespoonful thrice a-day.

On visiting her on the 13th I found that the mouth had become most severely affected, only three of the powders having been taken. I desired them to be discontinued (indeed the case in all respects was similar to the first), and that she might have some port wine, beef-tea, &c. Medicines,—quinine, acids, and a spirit wash.

14. Found a large dark spot on the left cheek, with a slough separating internally, accompanied by hæmorrhage. Desired the remedies to be continued.

18. The disease rapidly progressed from the last date. Death this day put a termination to her sufferings.

P.S. I wish it to be understood that both cases were visited daily during the first three days. There was nothing to relate, the effect appearing to be suddenly produced. Is the effect to be solely attributed to a peculiar idiosyncracy, or could the exhibition of the chloride at all have increased the activity of the mercurial? Perhaps some one can answer the latter query.

ALLEGED MURDER BY POISONING WITH ARSENIC.

EXHUMATION OF THE BODY AFTER SIX WEEKS.

To the Editor of THE LANCET.

SIR:—I herewith forward to you a case of poisoning by arsenic, which I trust will be considered to be of sufficient importance to obtain a place in your valuable periodical. Yours, &c.

JOHN RAYNER, M.R.C.S. &c.
Surgeon to the Stockport Infirmary.
Stockport, Sept. 26, 1838.

Elizabeth Standring went to bed on the evening of the 1st of August last, in her ordinary state of health. On the morning of the 2nd she arose at about 5 o'clock, and, by her father's desire, went in pursuit of a neighbour, who was in the habit of assisting him in his business (being a hatter). At this time the girl, according to the evidence of the neighbour, appeared to be quite well.

In a short time afterwards she was attacked with incessant vomiting, intense thirst, a sensation of heat in the throat and stomach, faintness, and a desire to evacuate her bowels, which continued until five o'clock P.M., when she expired. The girl, during the day, drank several quarts of cold water; and, during her illness, stated that she was *quite well before her father had given her some medicine*, that morning. The father, on being questioned, said that he had only given her some jalap and treacle, which he was in the habit of doing, she being then "bound up in her body" (constipated). When asked to call in a surgeon, he stated that surgeons would not come without money; that he would get his work finished, and when he had received his wages for it he would send for some one.

The girl gradually getting worse, the neighbours went to the warehouse, where the father had gone, and brought him back again to see his child's sufferings. One of these persons suspecting that all was not right, also asked him if he had given her anything, when he again said "I have only given her some jalap and treacle." When he arrived at his house his daughter was dead. He then appeared very sorrowful, and affectionate.

By the death of his daughter the father was entitled to receive, several sums of

money from burial societies of which she was a member. One sum was 4*l.* 4*s.* 0*d.*; another 3*l.* 12*s.* 0*d.* He also obtained assistance from his parish. Her funeral was fixed for the following Sunday, the 5th inst, but was delayed until the afternoon of the 6th, in consequence of the report that she had died so suddenly having reached the Leet constable, who said it would be necessary to hold an inquest on the body. Accordingly an inquest was held, but no medical man was called in to give his opinion on the case, and the verdict returned, was "*Natural Death.*" The Registrar's book bears the following entry, "*Died of contraction of the bowels.*"

From something which was said by the son of one of the women who witnessed her illness and death, the superintendent of the police entered upon an investigation of the subject, and, from the information elicited, he had good reason to suspect that the girl had died a violent death. The father having left the town with all his family, some additional suspicion was also felt respecting the case.

This led to the disinterment of the body on the 13th of September, being *six weeks after the death*, a magistrate's warrant having been obtained to exhume the body. Another coffin had been placed upon that of the deceased girl, nevertheless it was easily recognised. A coffin plate, of lacquered tin, on being removed from it, and washed, was found to bear the following inscription :—"Elizabeth Standring, aged 17 years, died 2nd August, 1838." The coffin was of oak, and had, externally, a bluish black colour. On the lid being removed, the body was not easily identified, on account of the decomposition of the face. This occasioned a little delay, until a woman who had made the shroud, appeared and recognised it by the stamping at the bottom. Mr. Downs, one of the surgeons of the Infirmary, also identified the body by the diseased state of the scalp, he having often seen that part during her life.

Inspectio Cadaveris.

The cuticle on the arms and face easily peeled off; the countenance was bloated, and of a leaden hue; the eyes were collapsed, and had fallen on her cheeks; the pharynx, trachea, and bronchi were inflamed. On opening the chest, the lungs were found to be of a dark colour, decomposition having somewhat advanced; there were several old pleuritic adhesions, and about six ounces of bloody serum in the left side; the heart was quite empty, and appeared pale and shrivelled; there were several patches of lymph on the pericardium; the lower portion of the left lung, the corresponding portion of the pleura costalis and diaphragm, were tinged of a bright yellow.

The stomach was distended with air, and large patches of a bright-yellow colour were seen upon its surface, on the corresponding parts of the spleen, diaphragm, and duodenum; the anterior border of the left lobe of the liver was of a like colour; the gall bladder was empty; the abdominal viscera, generally, were in a high state of preservation, and, together with the uterus and its appendages, were found in a healthy state, the bladder was empty. On opening the œsophagus, a fluid of the consistence of cream was found, of a yellow colour; the stomach was empty, and thickly coated with a substance resembling yellow paint, there were also a few loose patches of a mixed yellow and white appearance; the duodenum and upper part of the jejunum contained a fluid like that found in the œsophagus; the lining membrane throughout the whole length of the intestinal canal was free from any mark of disease.

The yellow substance was removed from the stomach by washing with warm water, precipitent acid, and reduced to the state of metal; this was oxidised, dissolved, and tested, and gave the usual results.

It was proved by the evidence, that the arsenious acid had been purchased by the father (as he says for the purpose of being mixed with lard for her diseased scalp), and this appears to have been converted into the sulphuret by the action of the sulphuretted hydrogen generated in the body. There were two or three drachms of the sulphuret in the stomach.

And now, Sir, having detailed the above case at such length, I shall not detain your readers with any remarks of mine, but leave you to make your own comments on the manner of conducting the inquest; the necessity of medical evidence; the folly of such a system of registration; and, above all, on the necessity of having medical coroners.

TO CORRESPONDENTS.

Delta, of Edinburgh, has made two odd mistakes. Neither of the notices had reference either to his paper, or his school,—a fact which we should have thought to be as plain as that every journalist in London has a host of "Deltas" among his correspondents. The publication of the whole of his paper is not desirable. With his permission it shall be abridged, but we shall always be glad to hear from him.

Unpaid letters, by the General Post, whether addressed externally "To Mr. Wakley," or "To the Editor of The Lancet," must not weigh more than an ounce each. The postage of letters transmitted by the Twopenny Post Office must be paid by the writers.

The letter of *Dr. Granville* shall appear in our next number.

Communications have been received from *S. S. P.*, *Chirurgus*, *A Student*, *An Old Practitioner*, and *A Hater of Humbug*.